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ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death: Page 4 retain it is hospital or oftending physician.	AL DIV. OR: After this certificate has been signed by the attending physicion and completely filled in by the care of director should be detached far use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled with estar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.
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VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1509 CERTIFICATE OF DEATH

								wan. n	121. 110.		
1. PLACE OF DEATH a. COUNTY	Balto.		MARY	LAND	2. USUAL RESIDENCE (Who. STATE	Md.	d lived. If institut b. COUNTY		nce before	e admiss	sion)
b. CITY OR TOWN (RURAL and give n	If outside corporale limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpo	rote limits, write l	RURAL and	give near	rest town	n) _
	Catonsville					Balti	more		Vo.	2	UL.
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				е	. IS RES	FARM?
House in	the Pines	- Fu	sting Ave.		2918 W _J	yman F	kwy.				NO
3. NAME OF DECEASED (Type or print)	Fire	AMES	Middle R1 CHM	OND	ADAMS	4. DATE OF DEATH	Ma	eb.	Doy		Year 1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years	-	RIYEAR		
male	white	WIDOWE			April 25, 18	881:	last birthday) 77 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of wor President 13. FATHER'S NAME James Adding	(rtd)		KIND OF BUSINESS O		TAL MOTHER'S MAIDEN N	ar foreign co		12. CI	TIZEN OF	WHAT	COUNTRY
	R IN U. S. ARMED FOR	ceca la	COCIAL CECURITY NO	127 0	Nanie Cler	identu					
	(If yes, give war or dates of se	ervice)	15-03-4596		Mrs. Christin	ne M.		2918	Wymai	n Pl	cwy.
Conditions, if o gove rise to i cause (o), stoting lying couse lost. PART 11. OTI	mmediate the under (c) HER SIGNIFICANT CONI	DITIONS C		TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAI		. WAS	
	osclerotio									YES 🔲	NO 🔼
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea	r 20d. In	NJURY OCCURRED Not while	20e. PL	O. (Enter noture of injury in F ACE OF INJURY (Home, form story, street, affice bldg., etc.	, 20f. (City		((County)		(State)
	19	of work									
		_, 12_5	9, and that	death	n.p. 1950, to 1 accurred at 3:30 p v.p. J. Dougla 802 Cathe	M, fran	n the causes of treet, city or town, kard	and on t	he date	e state	ed abave
220. BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEME	TERY O			ION (City, town,			(Stote	e)
23. FUNERAL DIRECTOR	SEIGNATURE	4 So	ADDRESS Ba	eto		BY REGIST	RAR 24b. REGI	STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	A Property of the Contract of			wegi bisii itoi
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) or the RURAL and give nearest town or the RURAL and give nearest town or the RURAL and give nearest town.	c. LENGTH OF STAY IN 1b	E. CITY OR TOWN (If or Halethorpe	utside carporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Francis	Ave.	d. STREET ADDRESS 920 Fran	cis Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	CHIN ANDREST	Last	4. DATE Month OF DEATH Feb.	Doy Year 5,1959 19
Mo.7 - 101-44-	MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Mar. 21, 1909	9. AGE (In years dost birthday) 49 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don F14 dwing most of working life, even if retired) F14111NG Station	Owner	Annapoli	s, Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles Andre		Emily Mac		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no. or unknown) (If yes, give wor or dates of service NONE	216 01 5566	Bessie M.	Andrest 920	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under- lying couse lost. (c)	Pulmona Bronchoge	ry Hern	einoma	onset and geath 5 men.
PART II. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. DESCRIBE HOW HAJORT OCCURRE	ED. (Enter horors of injury in t	off to told it of them to.,	
Hour a.m.	20d. INJURY OCCURRED 20e. Pl While Not while fo at work of work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the de olive an SW 24, ACTUAL SIGNATURE A Bradley PHYSICIAN'S NAME (Type)	F-0 11			that I last sow the deceose and an the date stated above table) DATE SIGNE 2/7/57
220. BURIAL, CREMATION, 22b. DATE THEREOF 2/9/59	22c. NAME OF CEMETERY C Loudon Pa		22d. LOCATION (City, town, or Baltimore	
Howardrespers Hubbard 4	107 Wilkens Av	7e . 24a. REC'I	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE

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TO FUNERAL DIR

VS A15 (4) 15M 9/58

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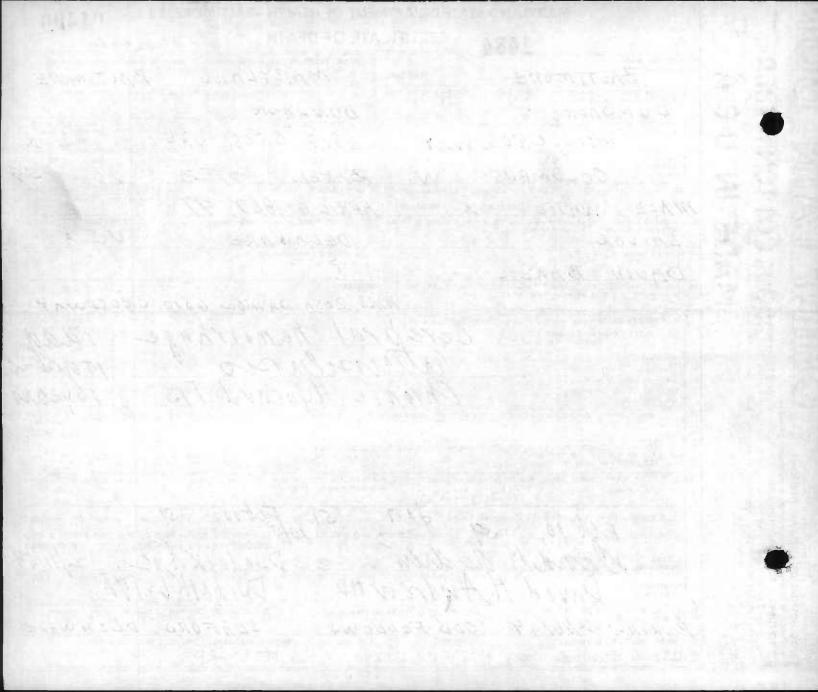
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01490

CERTIFICATE OF DEATH 1484

Rea.	Dist.	No.	

1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATEMARYLAND. COUNTY BALTIMORF
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
RURAL and give nearest town) DUNDALK	DUNDAUK 53
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
6810 CROSSWAY	6810 CROSSWAY YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) COLUMBUS W.	BAKER DEATH FEBS 10 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igst birthday) Months Days Hours Min.
MALE WITTE WIDOWED DIVORCED	APRIL 6-1869 Gest britady) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	
SAILOR	DELAWARE U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVID BAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
m	RS. ROSA DAWION 6810 CROSSWAY
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEYED	val hemorrhale land
33/X DUE TO C. TAL	1 day
Canditians, if any, which) (b) WWW	MICHINE ITHERE
gave rise to immediate cause (a), stating the under-	in Miliand Tic house
lying cause last. (c) VNYON	1 C 1140 Caval 115 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature af injury in Part I or Part II af item 18.)
1 = 1	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) ctary, street, affice bldg., etc.)
Haur a. m. P. m. 19 While Nat while at wark at wark	
21. I certify that I, aftended the deceased from. AN	
olive on FM 10, 1999, and that death	occurred at 10,50 M, from the causes and on the date stated above.
1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE SIGNATURE	M.D. 33 DUNAA/KAVE 2/11/59
PHYSICIAN'S DAVID H-Andrew	MD. DUNINKENITA
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, tawn, or county) (State)
REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ullrich Funeral Home, 2112 Dundalk	0 - 5 0 6 0
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unerol director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page A may be retained by the hospital ar attending physician. O FUNERAL DIR OR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove earban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayol, and in any event within 72 flours offer death.

TO FUNERAL DIR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1505 **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH O. COUNTY BG 1+0 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Balton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION LIGHT A REPORT OF THE AMERICAN AVE	d. STREET ADDRESS 4419 Kenwood AVe ves No D
3. NAME OF DECEASED (Type or print)	ambach 4. DATE Month Day Year OF DEATH Feb 7 1959
WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 7. Yes. Manths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	Alice Osborn
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Ves. no. of unharm) (If yes, give wor or dates of service)	NEORMANT Address Somes Bambach 4419 Konwood AVO
18. CAUSE OF DEATH [Enter only one couse per line far (a). (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost.	y Herombosis INTERVAL BETWEEN ONSET AND DEATH
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PL While Not while for work of work 19	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
ACTUAL Houry Glussian PHYSICIAN'S 1/2 5 5 5 5 5 1 X CCAS	A. 1957, to Jeb 5 M. 196 That I last saw the deceased accurred at 3. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 2687 Meet Lines Chil
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF COMMON AND PROPERTY OF C	REPREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Ro DATE 240. REGISTRAR'S SIGNATURE DATE

ADDRESS

24a. REC'D BY REGISTRAR

DATE

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e. IS RESIDENCE

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ON A FARM? YES NO

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INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED?

YES NO I

(Stote)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

CATTUR & Kroup

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page the re 0 VS A15 (4)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

	GERTIFICATE OF DEATH	* • N
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1	SM	TO FUNERAL Diff OR: After this certificate has been signed by the attending physician and completely filled in by funeral director.	6 (4	7
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o. C	1507 CE OF DEATH	CERTIFIC	ATE OF DEATH		11433
o. C	CE OS DEATH			D.a.	. Dist. No.
	Balto.	MARYLAND	2. USUAL RESIDENCE (Where deco		
P.	RURAL ond give nearest town) Concerned	. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporote limits, write RURAL	ond give nearest town) 3 V 0 1 - 4
d. N	NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION 2143 Coral Gor	00	536 Edgs	rwood S	e. IS RESIDENCE ON A FARM? YES NO
(Typ	ME OF TEASED De or print) HAZEL	Middle	BEAM OF DE	TE Month ATH 2	14 19 5
. SEX	t. W. WIDOWED		3 4 1896	last birthdoy) Mon	
	SUAL OCCUPATION (Give kind of work done 10b. KII pring most of working life, even if retired)	ND OF BUSINESS OR IND	10.	gn country) 12	USA.
	unknoe	on	14. MOTHER'S MAIDEN NAME	16	rynolds
Yes. no.	of unbigown) (If yes, give wor or dates of service)	ione M	se hellie Lew	is 2143 C	oralthorn K
18.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).]	any occlusion	Λ.	INTERVAL BETWEEN ONSET AND DEATH
9	Conditions, if ony, which (b) (b) DUE TO	atemorel	erotic Cardios	ses calor desea	w 2/85
<u>ly</u>	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	I PART 1(a) 19. WAS AUTOPSY PERFORMED?
200 OR (IF	a. ACCIDENT WAS UNDERLYING D R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I ar	Part II of item 18.)	YES NO
-		_ Not while	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(City or town)	(County) (State
	. I certify that I attended the deceased live on 4.6 14.19.5		2 , 19 49, to 7 3 h occurred at 5.1 1 5 P.M., 1		at I last saw the deceas
AC	TUAL Touis Semen	will		(Street, city or town, stote)	DATE SIGN
PH	MYSICIAN'S LOUIS SEMEN	OFA	Baltimor	e 20, h	d
20. BU	URLAL CREMATION, 22b. DATE THEREOF 2/14/59	Berkley	Wills 200	CATION (City, town, or cou	nty) (Stora)
to the	NERAL DIRECTOR'S SIGNATURE	ADDRESS OF	17. MODARECTORY RE	GISTRAR 24b. REGISTRAR	

STATE OF DESTINATION OF STATE

V\$ A15 (4) 15M 10/57 50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11818

1508 CERTIFICATE OF DEATH

a. COUNTY	Baltimore		MARYLAND	2. USUAL RES	Marvl		b. COUNTY	Residence	before admi:	sion)
b. CITY OR TOWN RURAL ond give of Fort Hos		vrite c. LENGTH OF		c. CITY OR		outside corporate	e limits, write RI	JRAL and give	ve nearest tow	(n)
OR INSTITUTION	TAL (If not in hospitol, give Administrati		1	d. STREET	ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First NOAH		Middle	BELL	st	4. DATE OF DEATH	Mont		Day	Yeor 19 59
5. SEX Male	6. COLOR OR RACE 7.		MARRIED	8. DATE OF BIRT	^н 95		AGE (In years last birthdoy) yrs.	IF UNDER 1	YEAR IF UND	
Laborer 13. FATHER'S NAME	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSIN		Delma 14. MOTHER'S	ar, De	laware	iry)		EN OF WHA	COUNTRY
	RTLES H. Bell ER IN U. S. ARMED FORCES Ilf yes, give wor or datas of service WW I,	? 16. SOCIAL SECURI 214-18-45		Med NFORMANT In.Record		s.Adm.	Addr		oward.	fd.
Conditions, if gove rise to cause (a), stating lying cause last.	immediate (b) the under-	BRONCHOG	ENIC CA					EN IN PART 1	1(a) 19. WAS	O DEATH NOWN
	MEDICAL EXAMINER)	. DESCRIBE HOW INJ								
Hour a.m. p.m.	19	20d. INJURY OCCURRE While Not while It work of work	fo	ACE OF INJURY (clory, street, offic	e bldg., etc.)			unty)	(Stote)
21. I certify the actual signature	mal attended the de	ceased from Fe	that death	3 , 1959 accurred at	11:05	PM, from t	he causes all, city ar town, s	nd on the	dote stat	ed above ATE SIGNE
PHYSICIAN'S NAME (Type) CI	HIEN WEI LAN,	M.D.		VAH,	FORT	HOWARD	MARYLA	ND	2/20	5/59
220. BURIAL, CREMATIC Burial				R CREMATORY		22d. LOCATION	N (City, town, o	r county)	(Sto	le)
23. FUNERAL DIRECTOR West Fune	's signature eral Home, Sa	ADDRESS	O Secor	ad St	240. REC'I	D BY REGISTRAL	24b. REGIS	TRAR'S SIGN		

MARYLAND STATE DEALISMENT OF HEALTH-SYSTEMORE, 161 LEGIS. CERTIFICATE OF DEATH DESERTED TO SERVICE STATES OF STATE

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1509	CERTIFICATE	OF	DEATH	Red

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
COCKEYSUILLE 7 DAYS	BALTIMORE 3VOI-4
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
MASONIC HOME.	2820 THE ALMEDA YES NOT
3. NAME OF DECEASED (Type or print) WILLIAM Hiddle	BELL OF DEATH FEB 20 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 10-22-1880 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY BELL	LENORA HARRIS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) NONE	Frank L. Smith & Cochemile, m
18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coron ac	y Throntons I day
4 20.1 DUE TO	Las 11 onest
Conditions, if ony, which) (b) articlest	ec Carlis Cascular direct 4 year
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work 10 to work 1	ACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 2-13	3 1959, to 2-20 1959, that I last sow the deceosed
olive on 2 - 20 , 1959 , and that death	occurred of 9255 AM, from the couses and on the date stated above.
Contat - Mus	ADDRESS (Street, city or town, stote), PATE SIGNED
SIGNATURE	NO. Cockeywelle Md. 720/59
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 2-23-59 Druid Ridge	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Pikesville, Md 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
William Cook, Inc., 1217 St. Paul Stre	
TETL SOLITATE DOLE	The state of the s

	TE OF DEATH	CERTIFICA		
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Picture 1 to 1	V=0.20E sE		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item #4-Phone call from Dr. Mass-3/3/59-mnb

CERTIFICATE OF DEATH

01495

1510 --

Rea Dist No.

1, PLACE OF DEATH o. COUNTY	Deltimon		MARYLA	MD	2. USUAL RESIDE	20	_	d lived. If insti		: Residence b	efare odr	nissian)
1 0000 00 00000	Baltimor			-	1-1-2	Mary				20	الماليك	
RURAL ond give r	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY IN	16	Baltimor		utside corpo	orate limits, wri	e RUI	RAL and give	nearest to	awn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, g	ive street	address)		d. STREET ADD	PRESS				1 1 21		RESIDENCE
OK INSTITUTION	5468 Whi	tlock	Road		Formerly	-948	Mase	field F	loa	d #7		NO NO
3. NAME OF DECEASED (Type or print)	GEORG		Middle		BERG		4. DATE OF DEATH		Month eb:	ruary	Doy 28	Year 19 5 9
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In ye		FUNDER I YE		
Male	White	WIDOW	ED DIVORCED		Jan. 2.	1891		lost birthdo	yrs.	Months Day	s Hou	rs Min.
during most of wo	ON (Give kind of work rking life, even if retired abel Cutter) .	kind of Business or Coung & Seld		TRY 11. BIRTHPLACE Baltin	E (Stote o	or foreign c	ountry)		12. CITIZEN	I OF WH	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
Carl Berg					Elizabe	th ?						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	IFORMANT		U0/15	,	Addres	35		
No	(ii yes, give war or collectors	SI VICE	Yes	Mr	s. Anna C	. Be	rg-54	68 Whit	10	ck Road	d #2	29
Conditions, if a gave rise to couse (a), stating lying couse lost. Part II. OT	the under-)	ONTRIBUTING TO DEATH		NOT RELATED TO TH	1E TERMIN	NAL DISEAS	E CONDITION	GIVE	N IN PART 1(o) 19. W/	S AUTOPSY
<u> </u>									ì.			D NO D
THE EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of ir	njury in Po	ort I or Par	t II of item 18.)				
ZOc. TIME OF INJUING HOUR O. m. p. m.	RY Manth, Day, Yes	While	NJURY OCCURRED 20 Not while t of work 2	le. PLA fact	CE OF INJURY (Hor lary, street, affice bl	me, farm, ldg., etc.)	20f. (City	or town)		(Count	ly)	(State)
21. I certify to alive an	ngt I offended the	deceas , 19	ed fram. / (1)	eath	accurred of			n the cause treef, city or to	an	d an the c		ne decease oted abave DATE SIGNE
PHYSICIAN'S NAME (Type)	Christian	S. Ma	ass, M.D.								7	/
220. BURIAL, CREMATIC REMOVAL (Specify BUILAL	3/3/59	F	Holy Rede					MON (City, tow			(S	tate)
23. FUNERAL DIRECTOR		+fo	ADDRESS	m	24	-	BY REGIST	RAR 24b. RI	GISTI	RAR'S SIGNAT		

BETTER STATE STATE DESMEMBERS HEALTH AND STATE CHAPTERM HTANG SONTADHISHO 4 Excellence of the model of the death.

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	15 × 0 × 0 0		
		Charles Street	LET BUNG THE PERSON
		TO MELINOTED HOTEL	
			the residence of the first

R STATE EALTH DEPT.

e State Bor death. 20 ofter with 1 50 oge ive Pages form PM3. form File p along burial-transit Office 0 03

ting the rded 1 should be FUNERAL design 1045

ò VS. A15ME 5M 2/57

Irems 18-21 Film 241 4-14-59 AMS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Claring & Trains

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN Itt autside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest lown) and give negrest found Lutherville Lutherville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) H. STREET ADDRESS ON A FARM? 104 YES NO Croftley Road 104 Croftley Road 3. NAME OF Middle 4. DATE Lost Yeor DECEASED 59 17 DEATH February MARGARET TICKNER BERNDT (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours Female White WIDOWED TY DIVORCED [Jan. 17, 1903 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Tickner Charlotte Bewley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or dates of service) Mr. W. E. Berndt - 6712 Harford Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Poisoning IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101/19. WAS AUTOPSY PERFORMED? NO TO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Auto motor running in closed garage 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) While Hour Youw Md. Baltimore of work of work Garage p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry ond in my Suicide X, Homicide . Undetermined monner opinion deoth resulted from: Notural couses , Accident , DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER Guerin SIGNATURE ASSISTANT MEDICAL EXAMINER IX EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Burial Woodlawn Cem. Woodlawn. 240. REC'D BY REGISTRAR 23. FUNEBAL DIRECTORIS SIGNATURE 246. REGISTRAR'S SIGNATURE DATE EB 2 0 '59

Chich Arid The same of the sa

VS A15 (4) 15M 10/57

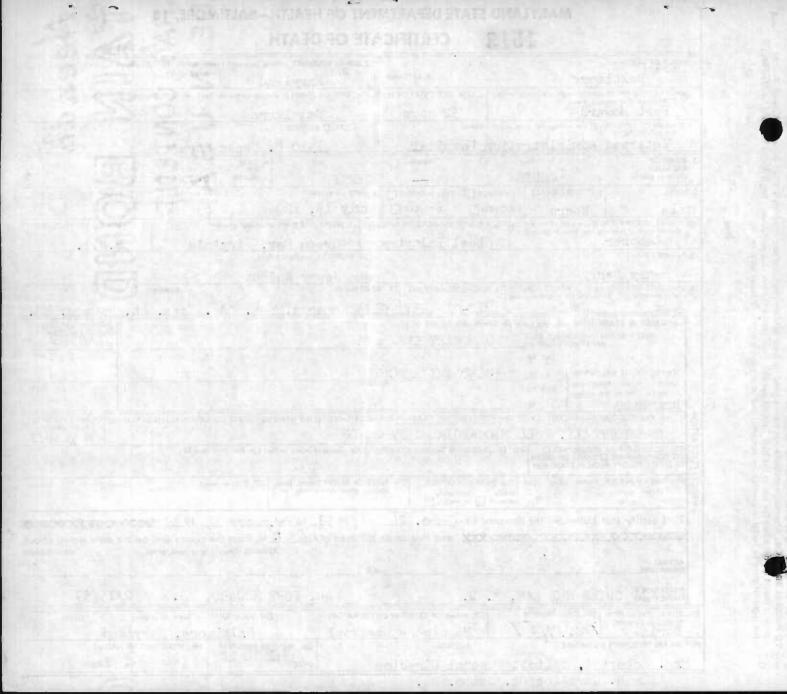
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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

1513 CERTIFICATE OF DEATH

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	Al-					

								Keg. Dist	i. No.	
1. PLACE OF DEAT					2. USUAL RESIDENCE (WI	here deceased	l lived. If institution b. COUNTY	on: Residence	e before adm	nission)
Ba	ltimore		MARY	LAND	Maryla	nd	b. COUNTY			
RURAL and g	NN (If outside corporate limive nearest town)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If o	outside corpor	rote limits, write Rt	JRAL ond gi	ve nearest to	own)
	Howard		52 days	3	Baltim	ore	3	SVO	1-4	
OK INSTITUT	OSPITAL (If nat in hospital,				d. STREET ADDRESS				e. IS R	RESIDENCE I A FARM?
	ans Administr	atio	n Hospital		1510 E	Chas	e Street		YES	□ NO [
3. NAME OF DECEASED (Type or print)	Fi EDD1		Middle		Lost BERRY	4. DATE OF DEATH	Februar		Day	Year 50
5. SEX			RIED NEVER MARRIE		DATE OF BIRTH			U	YEAR IF UN	19 59
Male	Negro	WIDOW			July 15, 189	5	9. AGE (In years last birthday) 63 yrs.		Doys Hour	
10a. USUAL OCCU	PATION (Give kind of work	done 10b.	KIND OF BUSINESS OF					12. CITIZ	ZEN OF WH	AT COUNTRY
Labo	working life, even it refired)								A, COUNTRI
13. FATHER'S NAM		1	Steel Indus	try	Green Ba		ginia		J.S.A.	
	25				14. MOTHER'S MAIDEN N					
	Berry				Jenny Kn	ight		1970		
15. WAS DECEASED [Yes, no. or unknown]	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT		Addr	ess		
Yes	WW I		217-01-4437	C1-	in Records,	Vet. A	dm. Hoen	F+	Howan	d 1//d
	F DEATH [Enter only one co					- SUA A	TIOSU	a. J. Ua.	INTERVAL	
	DEATH WAS CAUSED BY:	501	ULMONARY IN		ng				ONSE WE	ID DEATH
465	IMMEDIATE CAUSE (-	JEMONARI IN	I AILU.	.5				~ WEI	EWD.
1	por le									
	if ony, which) (b)PI	ULMONARY EM	BOLI						
	to immediate DUE TO									
lying cause)								
PART II.	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART	1(o) 19. WA	S AUTOPSY
S CARD	IOMEGALY. OI	D MY	OCARDIAL IN	FARC	TION				PERF	FORMED?
O (IF ETHER, NO	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	Enter nature of injury in I	Port 1 or Port	II of item 18.)			
	NJURY Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PLAC	OF INJURY (Home, form	, 20f. (City	or town)	(Co	ounty)	(State)
Hour a	. m. 19	While of worl	Not while of work	tactor	y, street, affice bldg., etc.	-)				
					4					
21. I certify	y that I ottended the	deceas	ed from Dec.	24	, 19.58_, to Fe	hruary	14, 19.59.	, thought,	COCOCO	1000000
SOURCES	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20000	ZOOK, and that	death o	ccurred at 620 f	M, from	the couses of	nd on the	e dote sta	ated abave
	12/1.10	1	. /				eet, city or town, s			DATE SIGNED
ACTUAL SIGNATURE	(lun Vi	110	1. /	M.I						
		V		M.I	···					
PHYSICIAN'S NAME (Type)	CHIEN WEI LA	N, M	. D.		VAH, FOR	T HOWA	RD, MD.	2/	/15/59	
220. BURIAL, CREM	ATION, 226. DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCATI	ION (City, town, a	r county)	(51	lote)
Burial Spe	Teb. 19/3	9	Baltimor	e Nat	ional	Bal	timore, 1	Marvla	and	
23. FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS	2.000		D.BY REGISTR		TRAR'S SIGN		
Mrs Ral	bert A. Ellio	++ F-	manal Dima	atan	DATE	EB 16 9		thun &		
1120	M Com J.	04 7	TIELAT DILE	cror	UNIT				P WARRED	
1129	N. Caroline	St. I	salto. Md.							



After this certificate has been signed by the attending physician and campletely filled in by hed for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2

the registrar priar to burial, cremation. ar remaval, and in any event within 72 haurs after death

detached for use as the burial-transit permit.

TO HOSPITAL OR TO FUNERAL DIP

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1514 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH o. COUNTY Baltin	ore	MARYLAND	rary tand								
b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
Fort Howard		8 3/4 hrs.	Baltimore 3 Vol-4								
d. NAME OF HOSPITAL (If no OR INSTITUTION	t in haspital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
Veterans Admir	istration l	lospital	2930 Clif	ton Park 1	errace	YES NO IX					
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year					
(Type ar print)	MARK		BIDDISON		bruary	28 1959					
5. SEX 6. COI	OR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		DER 1 YEAR IF UNDER 24 HRS.					
Male Wh	ite WIDOW	ED DIVORCED	Dec. 18, 1892			ns Days Hours Min.					
10a. USUAL OCCUPATION (Give during most of warking life,	kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.	CITIZEN OF WHAT COUNTRY					
Painter - Hous		Contractor	Baltimore	Maryland	3	U.S.A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			0.0011.					
George Bidd	ison		Margaret	Fink							
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	2 TIME	Address						
Yes no. or unknown) (If yes, gov	e war or dates of service	216-05-8017 C3	in, Records,	WA Hom	F4 War	and Ma					
18. CAUSE OF DEATH [En			.In. necorus,	va nosp.	FU. RUN						
PART I. DEATH WAS			ABTOTAT THEAT	MTON		INTERVAL BETWEEN					
IMMED	IATE CAUSE (o)	ACOTE MICC	CARDIAL INFARC	TION		5 minutes					
400.1	DUE TO										
Conditions, if any, whi											
couse (o), stating the unde											
lying cause last.	(c)										
PART II. OTHER SIGN	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CAT		OLD MYOCARI	IAL INFARCTIO	ON		YES NO					
20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part 1 or Part II of it	em 18.)						
20c. TIME OF INJURY Mont	h, Doy, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town	1)	(County) (Stale)					
Hour o. m.	19 While	Not while for	story, street, office bldg., etc.)							
		0.16 0.16	ro 6	25 A.M.							
21. I certify thatWat	tended the deceas	ed from February	27., 1927, to Fe	bruary 28	19.59aha	ddobaccbaccac					
apacacacacaca		cocc, and that death				the date stated above					
LACTUAL IN			The state of the s	ADDRESS (Street, cit	y or town, state)	DATE SIGNE					
SIGNATURE	LUCY	ry	M.D. VA Hospits	al, Ft. Ho	oward, Mo	i. 2/28/59					
PHYSICIAN'S											
NAME (Type) H B	CURRY M.I	Y	VA Hospita	al. Ft. Ho	ward. Mo	2/28/59					
	DATE THEREOF	27c. NAME OF CEMETERY O		22d. LOCATION (C		y) (Stote)					
Burial (Specify)	3-3-59	Oaklawn Cemet	erv	Eastern A	ve. Cul	Lgate. Md.					
23 FUNERAL DIRECTOR'S SIGNA	TURE //	ADDRESS	240. REC'	D BY REGISTRAR	24b. REGISTRAR'S						
Illanch F	incord to	m1 47-101	BELDIN (DATE MAR		arthur &	2					
HARTCH RUNERAL	HOME, 1210	Belair Rd. Ba	alto. Md.		73.000	Tisour					

等于,因此的情况对于一个自己的情况中国,可以不同时间的自己的情况是特殊的 Sensingly Structures - 2.1/41 The second of the second TO PERSONAL PROPERTY OF THE ACT OF THE PARTY THE PARTY OF THE P COURSE II MAN OF CALL .A.A.R. San Spiel . own 15.50 No 17 decisions in the contract of the contrac The standard of the standard o CONTRACTOR OF THE PROPERTY OF connectors, Col. 25 Control of Co., To Construct waterfall consecutive and the second section of the second section of the first the first or the second section of the section of the second section of the section of the second section of the section Y-1 Color of the color of the stone of the s The state of the s THE APPEAR OF THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF T s necessary, please all director. Page d our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nexecute the conficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be it strated to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. execute the cs.
4 should be f
TO FUNERAL DIX

V\$ A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01500

								Reg. Dis	11. 140.	
1. PLACE OF DEATH	1.	113		1	SIDENCE (V	Vhere decea	sed lived. If instit	ution: Resider	ce before	edmission)
a. COONT	Baltimore		MARYLAND	O. STATE	Mary	rla nd	b. COUN	Ba	ltimo	re
and give nearest tov	(If outside corporate limits, write altimore	e RURAL	c. LENGTH OF STAY IN 16	c. CITY O		outside cor	porote limits, write	RURAL ond	give neare	it town)
d. NAME OF HOSP	ITAL OR INSTITUTION	If not in ho	spital, give street address)	d. STREET	ADDRESS					IS RESIDENCE ON A FARM?
4	604 College	Aven	ue	/	4604	Col1	ege Aven	ue		S NO
3. NAME OF DECEASED (Type or print)	fir WIL	Mark Emilia	Middle D.	lo B:		4. DATE OF DEATH	Man		Dal 6	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 1 8				9. AGE In years lost birthday	IF UNDER 1		INDER 24 HRS
Male	White	WIDOWE	D DIVORCED	Jan. 15	,1929)	30 yrs.		ays Ha	urs Min.
during most Buy	ION (Give kind of work in the life, even if retired)	2	kind of Business or indust stinghouse Co		lace (Stote 1 time		country)	12. CITIZ	EN OF WE	AT COUNTRY
13. FATHER'S NAME Ott	o W. Birg	el		Grac		horn	e			
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT			Address			
	World Wat		219 22 4728	3 Gra	ce T	Bin	gel,460	4 001	Jere	Awa
33/X Conditions, if gave rise to imm (a), stating the cause last.	any, which (b) DUE TO (c)	x R	sive Subarachmupture of Basi.	lar Art	ery.					RFORMED?
	ONTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED. (E	inter nature of i	njury in Parl	For Part II	af item 18.)		1631	NO []
20c. TIME OF INJI Hour o. m p. m		Whil		CE OF INJURY ory, street, offic	(Home, form e bldg., etc.	20f. (Cit)	or town)	(Caun	nty)	(Stote)
21. I certify	that I tapk charge	af the	remains described aba	ve, held ar	Autaps	y 🗷, I	nspectian 🔲	, Inquiry	, .	and in my
ACTUAL SIGNATURE	resulted fram: At	Votural	causes . Accident [MEDICAL EX	damicide	, Undet	ermined m	DA	TE SIGNED
EXAMINER'S NAME (Type)	Paul F.	Guerin	a, M.D.			AL EXAMINE EXAMINER [2/:	16/59
220. BURIAL, CREMATI REMOVAL (Specif Bur	ON. 226. DATE THEREO		22c. NAME OF CEMETERY OR Loudon Pa				TION (Cily, lown, altimor		(State)
23. FUNERAL DIRECTO	er's signature ard H.Hubl	pard	4107 Wilkens		240. REC'I	1 9 '59	RAR 24b. REG	ISTRAR'S SIGN		
Company of the Compan				de						

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			sundel	
	Strict of party		amoth endice to	
A CHARLES	1000		EDIO	
	DE L		0.00 (C. 1) (C. 1) (C. 1)	e Chil
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				and an additional of the second
			A SECTION OF THE SECT	
/		en in anto in a sur an is one in place.		
	Bal Hamona	n Prosto - Prosto in	on T	
			The Tolk brackett. H br	

FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be it and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained and files.

TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B. of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1	1	1	5	1)	1	
		-4.	17	4.1	- 1	

	LACE OF DEATH	10.	1.0			2. USUAL RESIDENCE (Where deceas	ed lived. If institu		ence bef	fore odmi	ission)			
- h	CITY OF TOWN 11	Baltimore outside corporate limits, write	- 01/0.44	c. LENGTH OF STA	RYLAND	Haryland Dat Ulilore									
	and give nearest lown		W KUKAL	C. LENGIH OF STA	114 10	1. 0	T outside corp	porate limits, write	KUKAL on	d Give u	eorest to	wnj			
		Catonsvill					onsvil	le			,				
d	. NAME OF HOSPIT	AL OR INSTITUTION (lf not in hos	pital, give street add	ress)	d. STREET ADDRESS						A FARM?			
		1600 block	Ridn	ay Avenue		583	Frede	rick Ave	nue		YES [NO [
	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Mont	h	Doy	Y	ear			
	Type or print)	Harvey		Truman		Bivens	DEATH	Februa	TV	16	1	59			
5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED 🔲 8. 1			9. AGE (In years	IF UNDER	TYEAR		ER 24 HRS.			
	Male	White	WIDOWED	DIVORCE	N.	ov 4.1910	- 1	lost birthday) 480 yrs.	Months	Days	Hours	Min.			
10a.	USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (State	or foreign c	TO T	12. CIT	IZEN O	F WHAT	COUNTRY			
d	uring most of workin	g life, even if retired)		alto Tran		31 3				S.					
13	L1 nesmai	.1	De	itto irai	1	Maryl 14. MOTHER'S MAIDEN		_	10	•0 •					
10.		D.													
		Bivens.				Ruth S	tulle								
	no, or unknown)	ER IN U. S. ARMED FO (If yes, give war or dales of		SOCIAL SECURITY NO	O. 17. THE	ORMANT		Address							
	no				Wi	lliam E.	Beven	s.231 S	.Hil	ton	St	•			
	18. CAUSE OF DEA	TH [Enter only one cou	se per line i	for (a), (b), and (c).						INTER	TAND DE	EEN			
	PART I. DEAT	H WAS CAUSED BY:		Gunshot w	berro	of shdomen				0.436					
	976x	DUE TO		COLLEGE W.		AT SOUTHWEST									
	Conditions, if o	an mikiak \													
	gove rise to immed	diate couse								-					
	(a), stating the	underlying DUE TO													
	couse lost.	J (c)													
ģ	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 15		AUTOPSY RMED?			
3										١	YES 🗌	NO X			
CERTIFICATION	200. EXTERNAL CAL PRIMARY OF COP CAUSE OF DEATH.	USE WAS NTRIBUTING []	%. DESCRIBE	HOW INJURY OCC	URRED. (En	er nature of injury in Po	rt I or Port II	of item 18.)							
3	20c. TIME OF INJUI	RY Month, Day, Yea	or 20d. 1	NJURY OCCURRED	20e. PLACE	OF INJURY (Home, for	m, 120f. (City	er town)	(Co	unty)		(Stote)			
MEDICAL	Hour o.m.		While	Not while	factor	y, street, office bldg., etc	.)		1-5			(0.0.0)			
×	p. m.	19		rk ot work		part.				-					
	21. I certify th	nat I taak charge	at the r	emains describ	ed abav	e, held an Autap	sy 🗷 , Ir	rspection [],	Inqui	ry .	, an	d in my			
	apinion death	resulted from: 1	Natural c	causes []. Acc	cident [, Suicide 🗶 ,	Homicide	. Undete	rmined	manne	er 🔲				
		1./.	./ 1	/											
	ACTUAL SIGNATURE	Willie	Word	XX		M.D. CHIEF MEDICAL E	XAMINER [DATE S	IGNED			
	310114110112	6	1	V		ASSISTANT MEDIC	CAL EXAMINE	R DR Feb	ruary	17,	199	59			
	EXAMINER'S NAME (Type)	LIH 77 daw	TT T	arritt In	M D	DEPUTY MEDICAL	EXAMINER [7							
220		WILLIAM N. 22b. DATE THEREC		OVITT Jr.,							10.				
	REMOVAL (Specify)						-	TION (City, town,			(Stote)			
22	Burial	Feb 20/	59		Branc		I C	arroll	Co, M	d.					
13.	FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS) 1		B 2 4 5								
6	Lustin	6. honor	an	3818 12	Hirma	flive DATE	B 2 4 '5!	Cust	hung &	Hay	A				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	1493	DICAI	tem 7 Fil	mG2	9 3-2-59	et	COFL	ZAIN	Reg. I	Dist. No		
PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDER	Mary		lived. If institu b. COUNT		dence bel		ission)
b. CITY OR TOWN and give nearest to	(It outside carporate limits, write wn) Arbutus	RURAL	c. LENGTH OF STAY	IN 1b	pune ,	wn (if o		ote limits, write	RURAL or	nd give n	earest to	wn)
d. NAME OF HOSP	1329 Birch			95)	d STREET ADD		Birch	Avenue			ON	A FARM?
3. NAME OF DECEASED (Type or print)	First HAR		Middle ROSS	3	BLACK, J		OF DEATH	Febr		Doy 20		19 59
s. sex Male	11222.00	WIDOWED	DIVORCED		June 9. 1	907	9.	AGE (In years lost birthday) 51 yrs.	IF UNDE Months	R 1YEAR Days	Hours	Min.
Lav	TION (Give kind of work di king life, eyen if refired) NYCIA		Me & Rom	INDUST	Hanov	(State o		ntry)	12. CI	TIZEN O	F WHAT	COUNTR
13. FATHER'S NAME	H. Ros				Emma							
15. WAS DECEASED I Yes, no. or unknown) Yes	EVER IN U. S. ARMED FOR Ill yes, give war or doles of se World Was	ervice)	213 03	093	iformant 2 Doro	thy	н. в	Address	329	Bir	ch	Ave
	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		or (o). (b), ond (c). } Shotgun w	ound	d of head					ONSE	ET AND DE	EEN ATH
976 Conditions, if				5.								
gove rise to imm (a), stating the cause fost.												
PART II. O	THER SIGNIFICANT COND	DITIONS COL	NTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE	TERMIN	AL DISEASE C	ONDITION GIV	EN IN PA			AUTOPSY ORMED?
	ONTRIBUTING []	o. DESCRIBE	Shot se			in Port I	or Part It of	item 18.)				
20c. TIME OF INJ	. 2/20/59.	While	NJURY OCCURRED Not while of wark	20e. PLAC facto	TE OF INJURY (Homory street, office bid	e, form, lg., etc.)	20f. (City or	town)		ounty) alti	more	(State) Md
	that I taok charge h resulted fram: N		emains describe	-				pectian [],	Inqui	manne	-	d in my
ACTUAL SIGNATURE	Russel	25	Fisher	V	M.D. CHIEF MEDI		MINER (3)			2	DATE 5	SIGNED
EXAMINER'S NAME (Type)	Russell S				DEPUTY MED	DICAL EX	AMINER [-,,	
Burial Speci	2/24/	59	U.S.Nat		al		Balt	imore,	Md	•	(Stot	•)
23. FUNERAL DIRECTO	or's signature H. Hubbard	4107	ADDRESS Wilkens	Av		FEB	BY REGISTRA	R 24b, REGIS	STRAR'S SI	GNATUI		

DATFEB 2 5 '59

Curing S. Flours

If any delay is necessary, please 3 to the funeral director. Page ray be retained our files, with the State B. af Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is n execute the celestrole, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be if and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremotion, or removal, and in any event within 22 hours after death. execute the celegations, writing the word "pending" is 4 should be (paded to the Chief Medical Examin TO FUNERAL Divectors: page 3 should be used as a or its designated agent, prior to buriol, cremotion, VS. A15ME

EXAMINER'S CENTICKTE OF DEATH 1000 A STATE OF THE STA sould be the first of dolls a thereagher. They be the design are Executions in out the same to the state of the same to _ Langladi. L.U . #8/25' 3 Howard R. Bulband Willems Ave.

VS A15 (4) 15M 10/57

mai the deom certificate be executed within 24 hours offer deom. Poge 4	by the attending physicion and campletely filled in by funeral director,	Teo willi	-
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Ceor	attend	200	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		15	17	CERT	IFIC	ATE OF	DEATH			Reg	. Dist. No		
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RES	Md.	ere deceased	l lived. If in	INTY	sidence before	ore admiss	ion)
	RURAL ond give no	f outside corporate lime arest town) ONSVILLE	its, write	c. LENGTH OF STAT	Y IN 16	1 mm 13 -	tonsv		rote limits, w			arest town)
	d. NAME OF HOSPIT OR INSTITUTION	Hoods Nu				d. STREET			Ave.				IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Margaret		Middl Bo	han	Lo	ost	4. DATE OF DEATH	Fe	Month	1950		Yeor
	SEX F	W	WIDOW	_	ED 🗌		.1898	5	9. AGE (In y lost birthd	eors If UN	ths Doys	Hours	R 24 HRS. Min.
	O. USUAL OCCUPATION during most of world HOUSEKE	ON (Give kind of work king life, even if retired	done 10b.	Home	OR INDU		III.		untry)	12	. CITIZEN (OF WHAT	COUNTRY
	Wi	lliam Nic	chol	son			mma K		2				
1S (Y	es, no. or unknown)	R IN U. S. ARMED FOR jit yes, give wor or dotes of a CTH [Enter only one co	ervice)	erro 4600	Re	v. Mil	burn	Bohar	nan 1	Address 6 Ho	lmehu	rst	Ave
7	Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the under-	A	i.A.J	19	reas	1-	uato	sex.			SET AND	r
CERTIFICATION	20g ACCIDENT WA	S UNDERLYING T		CRIBE HOW INJURY O							PART 1(o)	PERFO	RMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)								-,			
MEDICAL	Hour o.m. p. m.	Y Month, Day, Ye	While of wor	NJURY OCCURRED Not while of work	for	ACE OF INJURY clory, street, offic	(Home, farm, te bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive an	at I attended the 2 - 1 - 57	decease 1, 19	ed fram. / , and that						es and a	t I last so on the da	te state	
22	BURIAL, CREMATION REMOVAL (Specify)	2-5-59	F	22c. NAME OF CEM		r CREMATORY		100	ION (City, to	wn, or cour	nty)	(Stote	:)
23.	FUNERAL DIRECTOR		mo (ADDRESS		T.V OGW		BY REGISTR	AR 24b. 1	11	S SIGNATU	,,,	

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	Line of			
All the second	0.00			
- dyn		7.		

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessary, please execute the cash case, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be an additional examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DEXECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State be 3 of Meglith, or its designated agent, prior to buriol, cremation, or removal, and in any event with 22 hours after death.

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6	led	OR	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
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6)	20	20	des	
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0	4 should be larded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your file	0	0	
	16	1 FUNERAL DAKECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State band of the		
RA.	2/5	7		
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MARYLAND ST	ATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18	
MEDICAL	EXAMINER'S C	ERTIFICATE	OF DEATH		

411	DELWINE	TTI OF	LIPAPITI-	ורוטי	-IIIIOKL,	10		0150	1
EY	AMINER'S	CEPT	TEICATE	OF	DEATH			0150	9
	AMINTER 3				DEATH		Disa	Ma	

	7510	Liems 8,9 FilmGa	240 2-18-	59 et		Keg, Dist. No).
1, PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	Ti.	NCE (Where decea	sed lived. If institution b. COUN	tution: Residence be TY Baltim	
b. CITY OR TOWN (I and give nearest low Colgati		c. LENGTH OF STAY IN 16	c. CITY OR TO		porote fimits, writ	e RURAL and give n	eorest lown)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADD	RESS			e. IS RESIDENCE
3823	Annadale Road		382	23 Annada	1eRoad		YES NO X
3. NAME OF DECEASED (Type or print)	JOSEPH	H. BOLLACK	Lost	4. DATE OF DEATH	Mon F	ebruary 2	Yeor 19 59
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years fast birthday)	IFUNDER TYEAR	IF UNDER 24 HRS.
Male	White wind	OWED TO DIVORCED	Jan 21, 1	906 1905	20 17 - 1	Months Days	Hours Min.
during most of working Custodian	ON (Give kind of work done) ng life, even if refired)	Ob. KIND OF BUSINESS OR INDUST School		(Stote or foreign or land	country)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MA				
John	n Bollack		Mary F.	Slipper	100		
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IP	NFORMANT		Addres	\$	
No.	(If yes, give war or dates of service)	Jos	seph Bolla	ck 8626	Wise Ave		
Conditions, if a gave rise to imme (o), stating the cause tast.	diote couse	OKONARY		15101			
CATIO		IS CONTRIBUTING TO DEATH BUT N					9. WAS AUTOPSY PERFORMED? YES NO DI
200. EXTERNAL CA	USE WAS 206. DES	CRIBE HOW INJURY OCCURRED LE	inter nature of injury	in Part I or Part II	of item 18.)		1
20c. TIME OF INJU		Not write factor work awark	CE OF INJURY (Homosy, street, office bld	e, form, g., etc.)	y or town)	(County)	(State)
21. I certify t	hot I took charge of t	he remoins described obo	ve, held on Au	topsy . 1	nspection 🗸	Inquiry 7	and in my
opinion death	resulted from: Notur	al causes Accident [], Homicide		ermined manne	DATE SIGNED
SIGNATURE	1000	,	M.D.	CAL EXAMINER		31.1	rr.
EXAMINER'S NAME (Type)	M. B. DA	US MD		DICAL EXAMINER		S/V/A	9.
220. BURIAL, CREMATI		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
Buraal (Specify	3/2/59	Oak Lavm Co	emetery	Colg	ate Md.		
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		REC'D BY REGIST	TRAR 24b. REG	ISTRAR'S SIGNATUL	RE
Ullrich Fur	neral Home 211	Dundalk Ave.	DA	TEMAR 3 '5	9 0.	Thun P de	, No

(8) 31			
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Sell trees was a American			
	No Lorenza de la companya del companya del companya de la companya		
		Of LOTER OF LEADING	
	C. C. BULL		
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	and the second second		
	Electric description		ATTENT.
		DE APARTICATE AND ALL	
		1.00 450-00	a doi

VS A15 (4) 15M 9/55 90

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HEALTH-BALTIMORE, 18

1519 CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residen o. STATE b. COUNTY C	ECIL
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
COCKEYSVILLE 14 YEARS	PORT DEPOSIT	07x-2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASONIC HOME	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		YES NO D
3. NAME OF DECEASED (Type or print) GEORGIA Middle	BOND 4. DATE Month OF DEATH FEB	20 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	12-26-1873 85 yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CIT PORT DEPUSIF - MD	TIZEN OF WHAT COUNTRYS
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
THOMAS BOND	MARTHA UIRGINIA	ANDERSON
	INFORMANT Address	7710021(3-7
(Yes, no. or unknown) (If yes, give war or dates of service) NOVE	Frank & Smith & Cocs	beysville
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CETORIO DC	lerole Carelis	ONSET AND DEATH
422.1 DUE TO	1	21,
Conditions, if ony, which) (b) Jacula	u dislane.	Typeus
gove rise to immediate DUE TO		
lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
200 ACCIDENT WAS LINDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	.c. temer notice of injury in Fort For Fort To Them 10.7	
	LACE OF INJURY (Home, form, 20f. (City or town) (cotory, street, office bldg., etc.)	County) (Stote)
21. I certify that I attended the deceased from. 10-2	9 , 147, to 2-20, 1959, that 1	last saw the deceased
1	h occurred at 10:56 AM, from the causes and on t	he date stated above
1-11 - 1/m	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Valtu / . Teles	us Cochen selle mot	2/20/59
	The state of the s	
PHYSICIAN'S NAME (Type)		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
- PEMOVAL (Specify)	gham Cemetery Cecil County,	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
William Cook, Inc., 1217 St. Paul Str		
Total and action and but	eet DATEEB 25'59 arthur 2.7	A North Control

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
149/EDICAL EXAMINER'S CERTIFICATE OF DEATH

01506

	Items 13	& 17	Film G 239 3/	3/59 88				Reg.	Dist. No	0.	
o. COUNTY	Baltimor	е	MARYLAND	O. STATE	IId .	here decease	b. COUNT		dence be		ission)
b. CITY OR TOWN (If	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16		town (if countries	outside corp	orote limits, write	RURAL	nd give r	neorest lo	own)
	AL OR INSTITUTION (pital, give street oddress)	d. STREET /	ADDRESS Bel	wood	Green			ON	RESIDENCE I A FARM? NO []
3. NAME OF DECEASED (Type or print)	Alfred A	Borge	ealt Middle	Los		A. DATE OF DEATH	Mont	h 2	Doy	1959	Yeor
s. sex Male	6. Color or RACE	7. MARRIE		8. DATE OF BIRTH	,1888		9. AGE (In years last birthday) 70 yrs.	Months	R 1YEAR Days	Hours	Min.
antida wor of The kin	d life, even if retired)		enn. Water Co		ACE (Slole of Balto e		ountry)	12. CI		S A	COUNTRY
13. FATHER'S NAME	raftsman Joseph H.	PHILIP	14/ Borgealt	14. MOTHER'S	Car	rie N	ickles				
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. : 16. :	social security No. 17.	INFORMANT Mary		rgeal1 h/g/4/1/t	•4723 Be	lwoo	d Gr	een	
	diale cause)	Coronary T	hrombosi	3				ONS	RVAL BETW	ATH
PART II, OTH	ier significant con	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AAL DISEASE	CONDITION GIV	VEN IN PA		PERFO YES	AUTOPSY DRMED? NO
	JSE WAS NTRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of in	ijury in Port	l or Part II	of item 18.)		7.3		
20c. TIME OF INJUIT	RY Month, Day, Yes	While	NJURY OCCURRED 20e. PL	ACE OF INJURY (I	Home, farm, bldg., etc.)	20f. (Cily	or town)	(C	ounly)		(Slote)
21. I certify the apinion death	resulted from:	Natural of	emains described ab causes (1). Accident	, Suicide	Autopsy E , H MEDICAL EXA	amicide		ermined		DATE :	nd in my
NAME (Type)	G o . S . M .			DEPUTY	MEDICAL E	XAMINE!	j F∈	b. 2			
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	2/2	6/59	22c. NAME OF CEMETERY O				ION (Cily, lown, Baltimo	re.	Md.	(Stat	le)
23. FUNERAL DIRECTOR HOWARD H	·S SIGNATURE • Hubbard.	4107	Wilkens Av	•		BY REGISTI		STRAR'S S			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be 1 had been seen to be considered to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained our files.

TO FUNE PAGE 10 had 2 with the State 8. If Health, or removed, and in any event within 72 hours ofter death. VS. ATSME 5M 2/57



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1520 CERTIFICATE OF DEATH

	LUNU	CERT	IFICA	IE OF DEAT	П		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY Baltin	more	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE	/here deceased	lived. If institution b. COUNTY		e before odmi	
b. CITY OR TOWN (If outside cor RURAL and give nearest lown)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI			
Rural Pikesv	ille	Lifeti	me	X Rural	Pikes	ville			
d. NAME OF HOSPITAL (If not in OR INSTITUTION		oddress)		d. STREET ADDRESS	ersto			ON	A FARM?
3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mont	th	Day	Yeor
(Type or print) Nelson	I	Lawrence	В	owersox, Sr		Februa	ry :	Ll,	19 59
5. SEX 6. COLOR	OR RACE 7. MAR	RIED NEVER MARR	ED [] 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UNE	
Male Whi	te widow	ED DIVORCE	0	March 23ml	973	5 yrs.	Months [Days Hours	Min.
10a. USUAL OCCUPATION (Give kin during most of working life, eve	d of work done 10b. n if retired)	. KIND OF BUSINESS O	OR INDUST	RY 11. BIRTHPLACE (Stole	e or foreign co	ountry)		ZEN OF WHA	T COUNTRY
Police		Baltimore	Co.	Marylan	- 44		U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Lawrence :	Bowersox	ζ		Albert	a Eck	enrode			
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16.	SOCIAL SECURITY NO). 17. INF	ORMANT			ess Pike	esvi T	7e 8
No None	or out as a service;	75-01-63	117 M	Tarry F	owers	07 770	Leafy	vdale	Term
18. CAUSE OF DEATH [Enter of	only one couse per l'	ine for (o), (b), and (c)	1	<u> </u>		049/10	DOUL.	INTERVAL E	
PART I. DEATH WAS CA	USED BY:	1 (7	M	Cardial	4	1 51	-	ONSET AN	D DEATH
IMMEDIATE		the 1	Mi	Car colle	- n	Jar Ch	D	27	mins
420.0	DUE TO		U	11 1	1	0 0		1.5	2000
Conditions, if ony, which gove rise to immediate	(b)/	3chemi	C	HIGY		11)693	6	10	mas
couse (o), stoting the under- lying couse lost.	DUE TO	rterios	cle	rotic	Heart-	Disea	Se	2	yrs
PART II. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
TA.		NO	ne					YES T	ORMED?
20a. ACCIDENT WAS UNDERLYI	NG □ 20b. DES		CCURRED	(Enter nature of injury in	Port Lor Port	II of item 18.1		163] 140 [3
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EX	DE DEATH			(2					
Z IN THE OF PURION AL I		INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	m 20f (City	or town)	10.	aughd)	(State)
Hour o. m.	While	Not while	focto	ry, street, office bldg., et	c.)	or rown,	(Cc	ounty)	(Stote)
₹ p. m.	of wor	rk ot work							
21. I certify that I atten	ded the deceas	sed from 1 -	31-	, 19 <u>5</u> 9, to	2-1	1 , 1959	,that (lo	ast saw the	decease
alive on 2	, 19	59, and that	death o	occurred at 10.45	P. M. fram	the causes a	nd an the	e date sta	ted abay
						reet, city or town,			DATE SIGNE
SIGNATURE CLEYE	n Ran	annan	_ M.	P. P. Key	lle Mo	ed En	the		
PHYSICIAN'S	corge	M	Tea	mapur	am	Mi	D.		
	TE THEREON	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCAT	ION (City, town, o	(county)	(Sto	ote)
REMOVAL (Specify) Burial Feb	74 7050		lidge				2 1/	(3)	,,,,
23. FUNERAL DIRECTOR'S SIGNATUR		ADDRESS A	1000		Pilce D BY REGISTI		TRAR'S SIGN	NATURE	
Frank d	Manall	15-6	10	~ 11V -			INAK 2 SIQI	NATURE	
-1 01VI /Ti	Liver	11 1 KLANY	YKPC	DATE	38 1 6 '59	1 0-	1 0	1.	

DECKE MELACOTHERICAL PERSON 1 1 S PART STORY OF SHIP OF STREET SHIPS

unerol director,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

OR: After this certificate has been signed by the attending physician and completely filled in by

TO FUNERAL DIR TO HOSPITAL OR

VS A15 (4) 15M 10/57

page 3 should b

the registror prior to burial, crematian, or remaval, and in any event within 72 hours after de detoched far use os the buriol-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1594 CENTIFICATE OF DEATH

PLACE OF DEATH					Reg. Dist	. No.	
o. COUNTY Baltimore	MARY	2. USUAL RESIDENCE (VO. STATE Mary	Where deceased	lived. If instituti b. COUNTY	on: Residence	before admi	ssion)
 CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) 	write c. LENGTH OF STAY I	IN 16 c. CITY OR TOWN (II	foutside carpora	ite limits, write R	URAL and gi	ve nearest to	vn)
Fort Howard	1 Day	Balt	imore	31	101-	-4	,
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION		d. STREET ADDRESS	4 64 A			ON	SIDENCE A FARM?
Veterans Administrat	Middle		ifton A] NO 🚺
(Type or print) Served As: HC	WARD W.	BRANSON LOST	4. DATE OF DEATH	FEBRU		Doy	Year 19 59
. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIE	D 8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1	YEAR IF UNI	
Male Colored w	VIDOWED DIVORCED	11/20/92		last birthday) yrs.	Manths E	Days Hours	Min.
Oa. USUAL OCCUPATION (Give kind of work dar during most of working life, even if retired)						EN OF WHA	T COUNTRY
Barber 3. FATHER'S NAME	Barbering	Baltimor		Land	U.3	S.A.	
		14. MOTHER'S MAIDEN					
Lindsley Branson		Eliza	Thomas				
S. WAS DECEASED EVER IN U. S. ARMED FORCE: Yes, no. or unknown) (If yes, give wer or dates of servi-		17. INFORMANT		Add	ress		
Yes WW I	219-32-3486	Clin.Records, V	ets.Adm	Hospita	1.Ft.1	Howard	Md.
18. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).]					INTERVALE	
PART I. DEATH WAS CAUSED BY:	PHELIMONITA BOT	TH UPPER LOBES A	MIN T.HIPP	TOWER I	OBE	ONSET AN	DEATH
IMMEDIATE CAUSE (o)_		THE OTT THE THOUSEN W					
						WEEK	S
	WITH MULTIPLE	ABSCESS FORMATIO				WEEK	S
493× XXXXXX	WITH MULTIPLE					WEEK	S
Conditions, if any, which gave rise to immediate (b)_	WITH MULTIPLE					WEEK	S
493× XXXXX	WITH MULTIPLE					WEEK	S
Conditions, if any, which gave rise to immediate	WITH MULTIPLE					WEEK	S
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO	TIONS CONTRIBUTING TO DEA Heart Disease	ABSCESS FORMATIC	DNS, LEF	TUPPER	LOBE	1(a) 19. WAS	AUTOPSY ORMED?
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. Part II. OTHER SIGNIFICANT CONDIT ARTERIOSCLETOTIC disease with decompe	nons contributing to dea Heart Disease ensation.	ABSCESS FORMATIC	MINAL DISEASE CARDIC	T UPPER	LOBE		AUTOPSY ORMED?
Conditions, if ony, which gove rise to immediate cause (a), stating the under lying cause last. Part II. OTHER SIGNIFICANT CONDIT Arterioscleratic disease with decompediate 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEA HEART DISEASE ENSATION. b. DESCRIBE HOW INJURY OC	TH BUT NOT RELATED TO THE TERM 2. Hypertensive	MINAL DISEASE OF CATCLE	T UPPER	LOBE EN IN PART	1(a) 19. WAS PERF YES	AUTOPSY ORMED? NO
Conditions, if ony, which gove rise to immediate cause (a), stating the under lying cause last. Part II. OTHER SIGNIFICANT CONDIT Arterioscleratic disease with decompediate 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEA HEART DISEASE SINSATION. b. DESCRIBE HOW INJURY OC 20d. INJURY OCCURRED While Not while	ABSCESS FORMATION TH BUT NOT RELATED TO THE TERM 2. Hypertensive	MINAL DISEASE OF CAT CLO	T UPPER	LOBE EN IN PART	1(a) 19. WAS	AUTOPSY ORMED?
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTENTIONS CLETOTIC CLETOTIC CAUSE WITH DECOMPE 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19	TIONS CONTRIBUTING TO DEA HEART DISEASE ENSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of work	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TER. 2 e Hypertensive CURRED. (Enter nature of injury in factory, street, affice bldg., e	MINAL DISEASE (E) Cardic	T UPPER CONDITION GIV VAS CULA: I of item 18.)	LOBE EN IN PART P	I(a) 19. WAS PERF YES	AUTOPSY ORMED? NO (State)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTENTIONS CLETOTIC CISCASSE WITH DECOMPOSE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19 21. I certify that attended the decompose cause can be contributed by the	IONS CONTRIBUTING TO DEA HEART DISEASE SISSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of the of work control of the original original of the original origin	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CCURRED. (Enter nature of injury in factory, street, affice bldg., e	MINAL DISEASE OF CARDICO	CONDITION GIVEN TOWN) Town) 1 of item 18.)	EN IN PART	I(a) 19. WAS PERF YES Tunity)	AUTOPSY ORMED? NO (State)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTENTIONS CLETOTIC CISEASE WITH DECOMPOSE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19 21. 1 certify that attended the decompose cause can be contributed by the	IONS CONTRIBUTING TO DEA HEART DISEASE SISSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of the of work control of the original original of the original origin	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CCURRED. (Enter nature of injury in factory, street, affice bldg., e	MINAL DISEASE OF CARDICO	CONDITION GIVEN TOWN) Town) 1 of item 18.)	EN IN PART	I(a) 19. WAS PERF YES Tunity)	AUTOPSY ORMED? NO [
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDUCT CAUSE APPLIED CLETOTIC CAUSE WITH DECOMPE CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur o. m. p. m. 19	IONS CONTRIBUTING TO DEA HEART DISEASE SISSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of the of work control of the original original of the original origin	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CCURRED. (Enter nature of injury in factory, street, affice bldg., e	MINAL DISEASE OF CATCLO	CONDITION GIVEN TOWN) 1 of item 18.) 1 town) 23., 19.59 the couses of	EN IN PART	unity)	AUTOPSY ORMED? NO [] (State)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTERIOSCLETOTIC CISCASE WITH DECOMPOSE WITH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 21. 1 certify that attended the decompose of the contribution of	IONS CONTRIBUTING TO DEA HEART DISEASE SISSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of the of work control of the original original of the original origin	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CCURRED. (Enter nature of injury in factory, street, affice bldg., e	MINAL DISEASE OF CATCLO	CONDITION GIVEN TOWN) Town) 1 of item 18.)	EN IN PART	unity)	AUTOPSY ORMED? NO (State)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTENTIONS CLETOTIC CISEASE WITH DECOMPOSE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19 21. 1 certify that attended the decompose cause can be contributed by the	IONS CONTRIBUTING TO DEA HEART DISEASE SISSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of the of work control of the original original of the original origin	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CCURRED. (Enter nature of injury in factory, street, affice bldg., e	MINAL DISEASE OF CATCLO	CONDITION GIVEN TOWN) 1 of item 18.) 1 town) 23., 19.59 the couses of	EN IN PART	unity)	AUTOPSY ORMED? NO (State)
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTERIOSCLETOTIC CISEASE WITH DECOMPOSE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 21. I certify that attended the decompose of the contribution of the c	TIONS CONTRIBUTING TO DEA HEART DISEASE SINSATION. b. DESCRIBE HOW INJURY OCCURRED While Not while of work of work and that the contract of t	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CURRED. (Enter nature of injury in foctory, street, affice bldg., e ATY 22, 1959, to Fe death occurred at 1:50. M.D.	MINAL DISEASE (E CAPOLIC Port I or Port I (m., 20f. (City of Ic.)) P.M., from ADDRESS (Streen	CONDITION GIV VASCULA 1 of item 18.) 1 town) 23 , 19 59 the causes a et, city ar town,	(Co	unity)	AUTOPSY ORMED? NO (State)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTERIOSCLETOTIC CISEASE WITH DECOMPOSE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 21. I certify that attended the death of the contribution of the contrib	IONS CONTRIBUTING TO DEA HEART DISEASE ENSATION. b. DESCRIBE HOW INJURY OCCURRED White Nat white of work of work on that work and that work on the control of work on that work on the control of work on that work on the control of work on that work on that work on the control of work on the c	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERM 2 e Hypertensive CURRED. (Enter nature of injury in foctory, street, affice bldg., e ATY 22, 1959, to Fe death occurred at 1:50. M.D.	MINAL DISEASE OF CATCLE Part I or Port I To Port	CONDITION GIVEN TOWN) 1 of item 18.) 1 of item 18.) 1 the couses of city or town, 1 MARYI	EN IN PART (Co	unity)	AUTOPSY ORMED? NO (State) (State) ed above ATE SIGNED
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT ATTETIOSCLETOTIC CLICATION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19 21. I certify that attended the deather contribution of the contr	IONS CONTRIBUTING TO DEA HEART DISEASE ENSATION. b. DESCRIBE HOW INJURY OCCURRED White Nat white of work of work and that the control of work and the control of w	TH BUT NOT RELATED TO THE TERN 2 Hypertensive CURRED. (Enter nature of injury in foctory, street, affice bldg., e ATY 22, 159, the death occurred at 4:50 M.D. VAH, FOR TERY OR CREMATORY	MINAL DISEASE (STEEL OF PORT I OF PO	CONDITION GIV VASCULA: I of item 18.) r town) 23 , 19 59 the couses of et, city or town, D, MARYI ON (City, town, or	(Co	unity) 1(a) 19. WAS PERF YES C	AUTOPSY ORMED? NO (State) (State) ed above ATE SIGNED
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION ATTENTIONS CLETOTIC CISEASE WITH DECOMPOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. p. m. 21. I certify that attended the death of the condition of the condit	TIONS CONTRIBUTING TO DEA HEART DISEASE ENSATION. b. DESCRIBE HOW INJURY OCCURRED While of work of work on that work on the work on that work on the work on that work on the wo	ABSCESS FORMATTO TH BUT NOT RELATED TO THE TERY 2e Hypertensive CURRED. (Enter nature of injury in foctory, street, affice bldg., e ATY 22, 1559, 15e M.D. VAH, FOR TERY OR CREMATORY PARTICIPAL OF TERY OR CREMATORY TERY OR CREMATORY TERY OR CREMATORY TERY OR CREMATORY TERY OR CREMATORY	MINAL DISEASE (STEEL OF PORT I OF PO	CONDITION GIVEN AND TOWN (City, town, compared town) 23	(Co	unty) e date star (Sic.	AUTOPSY ORMED? NO (State) (State) ed above ATE SIGNER

MTASO TO STADISTICSO erromation? supply notified the Level notes and and and A. 1.0 Bristy att. briest Ital to the non-engage extent to 105 to be a second time. VALLE PORT HERARD, ROBURNIO 2/24/58 Landidak orrosterica heafyrul . oucear fall. Affine S. Parling . Deligned Transport of the Color Pick

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

)	1522	CERTIFICA	ATE OF DEATH	Reg. D	ist. No.
1	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece		nce before admission)
)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Rural: Towson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		give nearest town)
-	d. NAME OF HOSPITAL (if not in hospital, give street of Name of Institution Eudowood Sanato Towson 4, Maryl	rium	1 d. STREET ADDRESS	idge Rd	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Din William	Middle Arthur	Bridges 4. DAT	4	Day Yeor 23 1957
	NIG/E White WIDOWE	D DIVORCED	000728, 1880	9. AGE (In years lost birthdoy) 7 8 yrs. IF UNDE	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even-if retired)	RETIREL	morth Care	1.	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME ASBURY n. Brid	lges	Sarah H	arrill	
1	Yes, no, or unknown) (If yes, give wor or dojes of service) YOR A War		Hospital Records	History Address • Eudowood Sana	atorium
1	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	Heart Di	seuse	INTERVAL BETWEEN
	Canditions, if ony, which gove rise to immediate	sepsal t	toteriali	Disease	8452
	couse (o), stoting the under-	ésioscle:	rosis, Cere	pra/x len)	Ruk.
	PART II. OTHER SIGNIFICANT CONDITIONS CO				RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
			O. (Enter noture of injury in Port 1 or 1		
	Hour a.m. 19 While of work	Nat while for of work	ACE OF INJURY (Home, form, 20f. (Clary, street, office bldg., etc.)	ity or town)	County) (State)
	21. I certify that I attended the decease alive an 1950	7	accurred at 145 P.M. fr	om the causes and an t	last saw the deceased he date stated above.
,	ACTUAL BENEFICA.	Stoem		(Street, city or town, stote) natorium - Tows	DATE SIGNED
1	PHYSICIAN'S NAME (Type)				
	220. BURIAL CREMATION, REMOVAL (Specify) Burial Feb. 26m 1959	22c. NAME OF CEMETERY OF Baltimore Na		timore, Maryla	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE John Burns! Sons, Towso	on, Maryland	24a. REC'D 8Y REG		()

	HIAGO TO BITADRITHED SEE DOOR TO THE
Dan Ser	

01510

1	5	2	3		CE

RTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	elto.	MARYLAN	2. USUAL RESIDENCE o. STATE		. If institution: Resi	dence before admi	ssian)
RURAL and give ne	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 1	52 ato	(If outside corporate line	nits, write RURAL o	nd give nearest tav	vn)
d. NAME OF HOSPITA	AL (If not in hospital, give street	address)	d. STREET ADDRESS	viaruv	vd	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	1/CHOLAS	Middle	PISTOW	4. DATE OF DEATH	Heb.	Day 4	Year 1959
Male	6. COLOR OR RACE 7. MAR WIDOW	_ _	B. DATE OF BIRTH	9. AG loss	E (In years IF UNE birthday) Month	DER 1 YEAR IF UNE	7
Thurst of work	ON (Give kind of work done 10bing life, even if retired)	exind of Business or in	ec. Vo	W.	12.0	CITIZEN OF WHAT	
13. FATHER'S NAME	rn Carter	Briston	14. MOTHER'S MAIDE	Jank.	63		
WAS DECEASED EVER	R IN.D. S. ARMED FORCES? If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT Jours	in Bri	Address		
	TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (a), (b), ond (c).]	Lung			INTERVAL E ONSET ANI	
Conditions, if on gove rise to in cause (o), stoting t lying couse lost.	nmediate (9	Ni.	4/10		
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN I	PART 1(o) 19. WAS PERF YES	ORMED?
	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter nature af injury	in Part I or Part II of	item 18.)		
ZOc. TIME OF INJURY Haur a. m. p. m.	Y Month, Day, Year 20d. I While of wor	Not while	PLACE OF INJURY (Hame, factory, street, office bldg.,		vn)	(County)	(Stote
ACTUAL SIGNATURE	debruary 3 19	and that de	ath occurred a2:30		causes and an ity or town, stote)	the date state	
220. BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATION (City, Iown, or count	ty) (Sto	ote)
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS &	18	REC'D BY REGISTRAR FEB 9 '59	24b. REGISTRAR'S	SIGNATURE	

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retaine the haspital or attending physician.

TO FUNERAL DIR CTOR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OF VS A1S (4) 15M 9/58

good to seven read The second of th and b'r . his example that . mpr this in this is a first of the . I de last Land, Lord T. Corner, H. C.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 M

	TE (OF	DEATH	
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		15	24	CERTIF	TCA	IE OF DEATI			Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY Balto			MARYL	AND	2. USUAL RESIDENCE (WI	here decease	d lived. If institution b. COUNTY		ence befo		ian)
	b. CITY OR TOWN (I RURAL and give no Bare I		ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF		rate limits, write R	URAL ond	give nec	arest town)
	OR INSTITUTION	AL (If not in haspital, s	ive street	address)		d. STREET ADDRESS Hollins	Ave.					FARM?
	NAME OF DECEASED (Type or print)	ANNA	st	Middle JULIA	BR	OOKHART	4. DATE OF DEATH	Man Fe	b.	2		Year 19 59
	female	6. COLOR OR RACE white	WIDOW			Feb. 3, 1895		9. AGE (In years lost birthday) 63 yrs.	Months Months	R 1 YEAR Days	Haurs Haurs	Min.
7	Housewife	ting life, even it refired	dane 10b	kind of Business or at home	INDUST	RY 11. BIRTHPLACE (State Md.	or fareign co	ountry)	12. CI	ITIZEN C	F WHAT	COUNTRY
13	unknown					14. MOTHER'S MAIDEN I	NAME					
		R IN U. S. ARMED FOR Ilf yes, give war or dates of s		SOCIAL SECURITY NO.		ormant . William J.	Brook	chart - 4		lroa	d Av	B. #9
~	PART I. DEA 4.20.1 Conditions, if all gave rise to it cause (o), stating lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under: (c))	le for (a), (b), and (c).]	and of	cleras.	n fi	· · · · · ·		ONS	ERVAL BE	DEATH L22
CERTIFICATION	PART II. OTH					OT RELATED TO THE TERMI			EN IN PAI	RT 1(a) 1	9. WAS / PERFO YES [RMED?
1 .	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	100									
MEDICAL	Haur a.m.	Y Manth, Day, Ye	While		focto	E OF INJURY (Hame, form ry, street, affice bldg., etc	20f. (City	or tawn)		(County)		(State)
	21. I certify the alive an	at I attended the	deceas , 19	,-(7)	death o	, 191 8 to 16 accurred at 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		the causes a reet, city or town,	nd on I		te state	decease ed abave ATE SIGNE
220	BURIAL, CREMATION REMOVAL (Specify) Burial		F	22c. NAME OF CEMET				ION (City, town, o		d.	(State	;)
23.	FUNERAL DIRECTORS		4,	Sous - a	hell	17 MU DATE F	D BY REGIST	RAR 246. REGIS		GNATUE		

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01515

1495 **CERTIFICATE OF DEATH** Reg. Dist. No

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL on The Personal Portion Pe	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1825 Park Ave	d. STREET ADDRESS ON A FARM? 1825 Park Ave e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) ANNA MAE BUSH	Lost 4. DATE
5. SEX FEMale White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Sept.16, 1902 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Mi
100. USUAL OCCUPATION (Give kind of work done during most of working the trail retired) Home	STRY 11. BIRTHPLACE (Stote or foreign country) St Marys County Md.
3. FATHER'S NAME William R. Russell	Laura M. Shorter
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [17. II] (If yes, give wor or dates of service) 212 05 2541	Irbin G. Bush, 1825 Park Ave. Balto. 27
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) Recurrent Le	tissue by tumos INTERVAL BETWEEN ONSET AND DEATH It fronto-parietal 15 MONTHS
gove rise to immediate couse (a), stoting the under-lying couse lost. (b) (b) (b) (c) (c) (d)	meningeal Sarcana
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of work of work 20d. INJURY OCCURRED fac	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from May alive on February 15, 1959, and that death	n occurred at 10.15M, From the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNE WILKENS AVENUE 2/18/1
SIGNATURE TO THE PHYSICIAN'S NAME (Type)	BALTIMORE 29, MARYLAND.
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 1 2/20/59 U.S.Nation	(orote)
3. FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard 4107 Wilke	ens Ave DATE 240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DEUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should by detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR may be retained TO FUNERAL DIR VS A15 (4) 15M 10/57

the haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

3001.01. TOEL . o'les dans a sent se traditions. R. strong Table o, system with days, o miset . BC , a min 13 (56) Lampida 3, 5 (5) to be served Romand H. Hubbertd PER'S Million ave.

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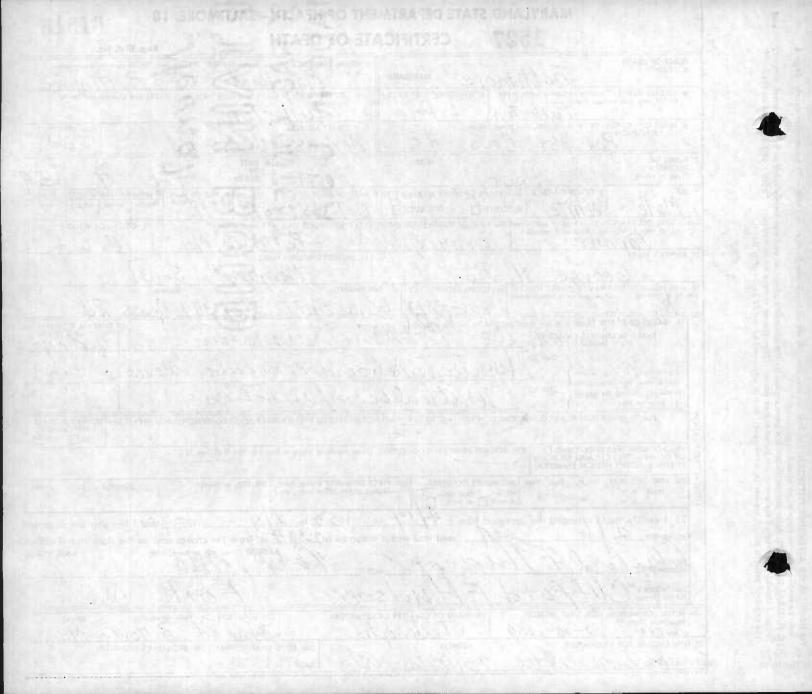
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01516

1527 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2. U	SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Mary land b. COUNTY Battimore
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fulleston Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION BOX 384 Cross Rd. 17	BOX 384 Cross Rd. e. IS RESIDENCE ON A FABM? YES PNO [
	3. NAME OF First Middle (Type or print) Henry	Butt 4. DATE Month Doy Year OF DEATH Feb. 7 1959
	Male White WIDOWED DIVORCED O	TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS! C. T. 28/887 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS! Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Farming	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: Balto, Co. Md. U. S. A.
	George H. Butt	Margaret Seidl
	15. WAS DECEASED EVER IN U. 9. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATION OF UNknown) (If yes, give wor or dates of service) 2/2-/6-5-743 Len	a Butt Box 384 Cross Rd
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Chucumania interval between onset and death
	Conditions, if ony, which) DUE TO AMPRICE CONSIDER CO	endiovasculas Descore 14.
	gave rise to immediate couse (a), stating the under-lying couse lost. DUE TO With Dece	emperioation -
)		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 1
	OK CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE O While Not while of work of work	F INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that attended the deceased fram. 4/17 alive on 2 10 A , and that death accurate	, 1950, to 2/7, 1959, that I last saw the deceased arred at 2330 A.M., from the causes and on the date stated above.
	Signatura Flora F. Hudson M.O.	JOERSS (Street, city or town, state) DATE SIGNED
1	PHYSICIAN'S Clifford F. Hudso	N Fork Md
	220. BURIAL, CREMATION, 22b. BATE THEREOF 22c. NAME OF CEMETERY OR CREMENTERY OF CREMENTS	Belaix Rd. Balto, Go, Md.
OX.	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ASSAME FUNERAL HOME 740/ Belaci Re	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE EB 1 1'59 Onther & Kroun



R STATE HEALTH DEPT.

our files. essary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the committee, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be to provide the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01517

Reg. Dist. No.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 709 Fuselage Avenue 709 Fuselage A 3. NAME OF First Middle Lost 4. DATE	dle River 20) e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{X} \)
Middle River (20) 14 days 54 Baltimore (Middle NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 709 Fuselage Avenue 709 Fuselage A- 3. NAME OF First Middle Lost 4. DATE	venue e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 709 Fuselage Avenue 709 Fuselage Avenue 3. NAME OF First Middle Lost 4. DATE	venue e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)
	1414 D- V
(Type or print) JIMMY MARSHALL CALHOUN, JR. DEATH FO	Month Day Year eb. 13 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your birthdoy)	
Male White WIDOWED DIVORCED Oct. 27,1958	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryla	nd USA
13. FATHER'S NAME	
Jimmy Marshall Calhoun, Sr. Doy Pennington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none 16. SOCIAL SECURITY NO. J. M. Calhoun, Sr. same	as #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral interstitial pneumonitis	INTERVAL BETWEEN UNSET AND DEATH
492 X DUE TO	
Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cause last.	
	N GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES 24 NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not while of work of work of work	(County) (State)
21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection	. Inquiry . and in my
apinion death resulted from: Natural causes . Accident . Suicide . Homicide . Un	determined manner
SIGNATURE LACILIS CLLES - M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
ASSISTANT MEDICAL EXAMINER TO Charles S. Petty, M.D. DEPUTY MEDICAL EXAMINER	Feb. 13, 1959
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, I	lown, or county) (State)
Burial 2/16/59 Meadowridge Memorial Dorsey, M	aryland
23. FUNERAL DIRECTOR'S STONATURE ADDRESS Dundalk 22 246. REC'D BY REGISTRAR 246.	REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		1,1919	
Reg.	Dist.	No.	

Baltimore	MARYLAND	o. STATE Marylan	h coun		perare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard	c. LENGTH OF STAY IN 16		utside carporate limits, writ		nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street or institution Veterans Administrati	et address)	d. STREET ADDRESS	gate Avenue	(22)	e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF First DECEASED (Type or print) GEORGE	Middle R.	CASS IDY	4. DATE A OF DEATH February	Agnth ary	Day Year 3 1959
	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 31.18	9. AGE (In year last birthday	IF UNDER 1 YI Months Do	EAR IF UNDER 24 HRS. ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired) Brick Layer— unemployed		New York.	ar foreign country)	12. CITIZE	S. A.
13. FATHER'S NAME Thomas Cassidy		14. MOTHER'S MAIDEN N Martha Har			
(Yes no or unknown) . Iff was our was as dates of comment	220 00 (120	lin.Rec.,Vet.		.Ft.Howa	rd, Maryland
	line for (a), (b), and (c).] OCARDTAL TNFARC	TTON			NTERVAL BETWEEN DISET AND DEATH
Conditions, if any, which gave rise to immediate (b)	RONARY OCCLUSIO	N		2	2 DAYS
lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS:	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION (GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED?
	Old myocardial	infarction D. (Enter nature of injury in P	art I or Part II of item 18.)		YES 🔀 NO 🗍
20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Hame, form, ictary, street, affice bldg., etc.		(Cour	nty) (State)
21. I certify that ±attended the deced	sed from December	11, 19 58, to Fe	bruary 3 , 19 !	59.0000000	
ACTUAL SIGNATURE	xxxxxx and that death		ADDRESS (Street, city or lov	vn, state)	date stated above. DATE SIGNED 2/4/59
PHYSICIAN'S CHIEN WEI LAN, M	I.D.				
220. BURIAL, CREMATION, REMOVAL (Specify) 2-6-59	22c. NAME OF CEMETERY C		22d. LOCATION (City, 10wn Baltimore, N		(State)
23. FUNERAL DIRECTOR'S SIGNATURE 6 14. Cook=Blight. Tnc.	009 Harford Ros	ad.	F 150	GISTRAR'S SIGNA	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7530

CERTIFICATE OF DEATH

	15 K		CERT	IFICA	TIE OF D	EAIF			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Baltimore		MAI	RYLAND	o. STATE		ere deceased	d lived. If instituti b. COUNTY	on: Reside	nce befo	re admiss	sion)
b. CITY OR TOWN	(If outside corporate limits,	write c. LE	NGTH OF STA	YIN 1b		OWN (If o	utside corpo	rate limits, write R	URAL ond	give ne	arest town	n)
RURAL and give	consville		2		Toward			7	5 x.	-3		
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, give				d. STREET A		216					SIDENCE FARM?
. NAME OF	ouse in The	Pine	Midd	le l	R F D		4. DATE	A4	44			
DECEASED (Type or print)	GEORGE W C	HASE			LOSI		OF DEATH	2/3/	59	Do		Year 19
Male	6. COLOR OR RACE 7. White W	MARRIED [Sept.1		65	9. AGE (In years last bicthday) 93 yrs.	Months Months	Days	Hours	Min.
during mosper	ION (Give kind of work don whine life even if retired)	e 10b. KIND	OF BUSINESS	OR INDUS	TRY 11. BIRTHPL		or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
3. FATHER'S NAME				00.00	14. MOTHER'S	MAIDEN N	IAME					
Georg	ge Chase				Jan	e Hu	tchir	nson				
5. WAS DECEASED EV (Yes. no. or unknown)	(ER IN U. S. ARMED FORCES (If yes, give wor or dates of service		AL SECURITY N		om Mill	er T	owand	la, Pa.	ress			
PART I. DI 44.3 × Conditions, if gove rise to couse (a), statin lying couse last	immediate DUE TO	Cerre	e High	i Ho	sies B.			ruly 2		ON	ERVAL BE SET AND	DEATH
<u> </u>	THER SIGNIFICANT CONDIT								PAI	RT 1(0)	PERFC	RMED?
	VAS UNDERLYING 200 G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE	HOW INJURY	OCCURRED). (Enter nature of	t injury in t	Port I or Par	t 11 of item 18.)				
20c. TIME OF INJU Hour o. m p. m	10		OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (I tary, street, affice	Home, form bldg., etc.	, 20f. (City	or town)		(County)		(State)
21. I certify alive an	that I attended the de	eceased fr			accurred at 2	30/1	M, fran	n the causes of treet, city or town,	and an i	last so	te state	deceased abave ATE SIGNED
PHYSICIAN'S NAME (Type)	Vihner K G	7/1/29	21		Bal	てっか	POYE	- 28		Ma	1	
220. BURIAL, CREMATI REMOVAL (Specif Burial		22c.	NAME OF CE				22d. LOCAT	rion (City, town,			(Stat	le)
23. FUNERAL DIRECTO			ADDRESS			24a. REC'I	D BY REGIST			IGNATU	RE	
Howard H.	Hubbard,	1107	Wilker	18 Av	re.	DATEER	6 '59	a dot	lun 9	Kana	4	

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				N. A. Britis
W. W. Tagas	- W. W			

15M 9/55

. BM . of Liveyeshoot | Improved | Docksey 1110. Md. E Anosaol . La Maor SSo . . . 1532 **CERTIFICATE OF DEATH**

01521

Reg. Dist. No.

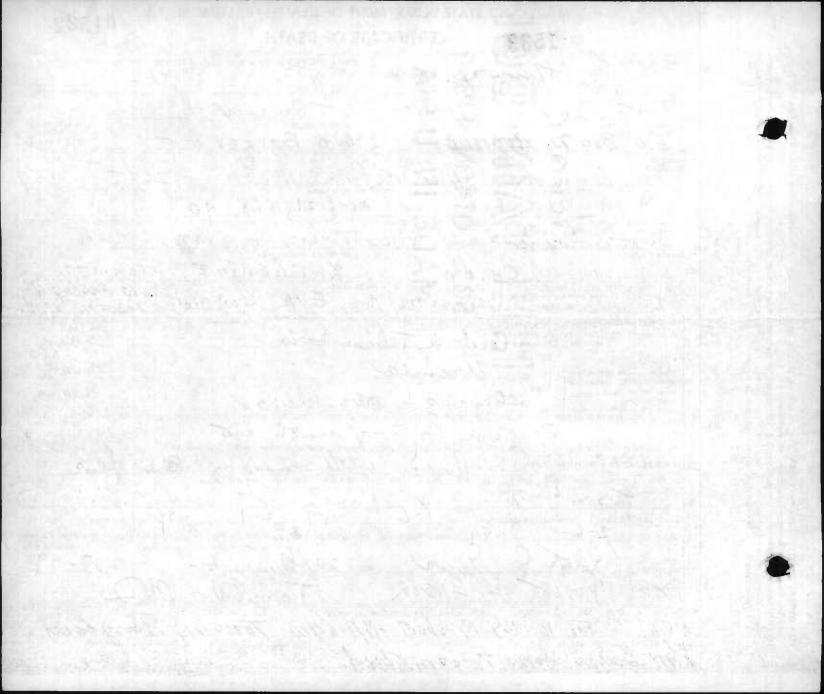
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Battimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54 Baltimore (20)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1307 E. 3rd Road	d. STREET ADDRESS 1307 E. 3rd Road o. IS RESIDENCE ON A FARM? YES \(\) NOW \(\)
3. NAME OF First Middle (Type or print) Mrs. Mary E.	Cole OF DEATH February 8th 19 59
The state of the s	8. DATE OF BIRTH Peb. 3, 1879 9. AGE (In yours If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Adeline Price
(Yes no or unknown) . If was nive wer or deten of service)	NFORMANT Address rs. Nellie B. Morris
Conditions, if any, which gove rise to immediate couse (a), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (72)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, clary, street, office bldg., etc.) (City or town) (Caunty) (Stote)
21. I certify that I attended the deceased from 5 /13 alive on 2 5 , 19 5 , and that death ACTUAL SIGNATURE	n occurred at 2 1 PM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) M.D. 5-829 Sellan Ref. Bello, M.A.
PHYSICIAN'S D.T.Battaglia M.D.	5829 Belair Rd. Balto.6, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF Parkwood 2/12/59 Parkwood	CREMATORY 22d. LOCATION (City. town, or county) (Stote) Cemetery Baltimore, Muryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

funeral director, ould be filed with requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital ar attending physician.

TOR: After this certificate has been signed by the attending physician and campletely filled in b cleached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 a burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR AT may be retain by TO FUNERAL D page 3 shauld be d the registrar prior to VS A15 (4) 15M 9/55

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VS A15 (4)

15M 9/5B

	MARYLAND	STATE DEPARTM	ENT OF HEALTH
1	1534	CERTIFICA	ATE OF DEATH
/	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE
	b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsic

Middle

S.

DIVORCED [

Cont. Can.

16. SOCIAL SECURITY NO

20b. DESCRIBE HOW INJURY OCCU

20d. INJURY OCCURRED

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

Gough St.

JAMES

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

Cont. Can. (

Corkran

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

Doy, Year

PART JL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

IMMEDIATE CAUSE (o)

First

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED

Northbrook.

OR INSTITUTION 7816

Thomas

Conditions, if any, which

gove rise to immediate

cause (a), stoting the under-

20c. TIME OF INJURY Month,

200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse lost.

REMOVAL (Specify)

CERTIFICATION

MEDICAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

NAME OF

DECEASED

S. SEX Male

(Type or print)

13. FATHER'S NAME

No

	ENT OF HEALTH		.TIMORE, 1	8	01	152	3
CA	ATE OF DEATH			Reg. D	ist. No.		
ID D	2. USUAL RESIDENCE (Who o. STATE	ere decease	b COUNTY	on: Reside		re admis	ision)
lb	c. CITY OR TOWN (If or	utside corpo	orate limits, write R			arest tow	n)
	d. STREET ADDRESS		gh St.			ON	SIDENCE A FARM?
	Lost	4. DATE	Man	th	Da	у	Yeor
	CORKRAN	DEATH	Februar	cy	2'	7	19 59
-	B. DATE OF BIRTH		9. AGE (In years lost birthday) 76 yrs.	IF UNDE Manths	Days	Hours	ER 24 HRS.
_	TRY 11. BIRTHPLACE (State	or foreign o	country)	12. CI	IZEN OF	WHAT	COUNTRY?
Co.	Vienn	a. M	d.		U.S	S.A	
	14. MOTHER'S MAIDEN N	_					
	Mary	Mur	phy				
- 11	FORMANT		Adda	'ess '			
V	ernon W. Co	rkra	n Sa	me.			
2	Freu	n or	1/ 0.		INTE	RVAL B	ETWEEN DEATH
	neumos	int					1
BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1		AUTOPSY ORMED?
). (Enter noture of injury in P	ort I or Po	rt II af item 1B.)		36	115	
. PLA	ACE OF INJURY (Hame, farm, tary, street, office bldg., etc.	20f. (Cit	y ar town)		(Caunty)		(State)
	, 1957, ta_2	- 2	7 1957.	that I I	ast sav	v the	deceased

Haur a. m. While Not while at wark at wark p. m. 21. I certify that I attended the deceased fram, and that death accurred at 10 . The from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

20e

22d. LOCATION (City, town, or county)

(State)

BURIA 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OIS, CONKLIN arthur & Krous

The Later of the Later . Too wind wo Ver threat the court and the court alex THE PARTY OF THE PROPERTY. 1.01.6 Table 1.0 Medited and the contract of th Charles Addition of the Treetes 3. Cortiner Tampe (Lagrand TV Rowers) A Commence of the state of the THE REPORT OF THE PROPERTY OF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1535

Reg. Dist. No.

01524

1. PLACE OF D	Baltimor	•		MARY	LAND	2. USUAL RES	DENCE (WH	ere deceased	l lived. If institut b. COUNTY		ce before	admissio	n)
b. CITY OR 1	TOWN (If outside	corporole limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	ulside corpor	ole limits, write I	RURAL ond o	give neare	st lown)	
RURAL Gno	Fort How			29 Day	75		altimo		3	VOI	- 11		1
d. NAME OF	F HOSPITAL (If no		ive street		5	d. STREET		71.0	~		e.	IS RESID	ENCE
OR INSTIT	ns Admir	nietret:	ion F	losnital		915 Ca	rrolli	ton Av	e			ON A F	
3. NAME OF	TIS AUNTI	Fir		Middle		lo		4. DATE	Moi	ath	Day	Ye	-
(Type or prin	nt)	ISAAC		A		CRAWLEY		OF DEATH	FEBRUA		4		59
5. SEX	6. COI	OR OR RACE	7. MARE	RIED X NEVER MARRI	ED 🔲	8. DATE OF BIRT	Н		9. AGE (In years lost birthday)	IF UNDER			
Male	Co	olored	WIDOWI	ED DIVORCE	D	May 23.	1893		65 yrs.	Months	Days	Hours	Min.
10a. USUAL OC	CUPATION (Give	kind of work		KIND OF BUSINESS C							IZEN OF	WHAT C	OUNTRY?
Labor		even n renres,		General Co	ntra	ctowest	morela	and Co	. Virgin	ia U	.S.A		
13. FATHER'S N						14. MOTHER'S							
James	Crawle	7				Sara	h Bera	aman					
15. WAS DECEA	ASED EVER IN U.	S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT			Add	lress			
Yes	WW	war or dates of so		26-14-1968	Cl:	in. Reco	rds,	Vet. A	dm. Hosp	ital,	Ft 1	Howa:	rd, Mo
	OF DEATH [En	ter only one co	use per li	ne for (o), (b), and (c).]						INTER	VAL BETY	WEEN
PAR	RT I. DEATH WAS	CAUSED BY:	C	ARCINOMA OF	PTS 5	MACH						mont!	
1517		DUE TO		THO THURST CA							1	IIVILUI	
Conditio	ns, if ony, whi	ch) a											
gove ris	se to immedia	te (DUE TO											
lying cou	stoting the <u>under</u>	(c)											
				CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	[1(0) 19.	WAS AL	JTOPSY
CATK												PERFOR/	MED?
OR CONTR	DENT WAS UNDE IBUTING CAU NOTIFY MEDICA	SE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture o	of injury in f	Part I ar Part	II of item 18.)				
	o. m. p. m. T7 A	th, Day, Yea	While	NJURY OCCURRED Nat while of work	20e. PL	ACE OF INJURY street, offic	Hame, farm e bldg., etc.	, 20f. (City	or fown)	(C	County)		(State)
21. I cor	tify that tat	tended the	deceas	ed from Janua:	rv 6	10 59	to Fe	bruarv	4 , 19 59	- thout de d	NEW YORK	a description	NASKAKA .
				xxxxx and that		occurred of	6:45	PM from	the course	and on the	o data	a Amba a	l alana
19000			D	A CALCING IIIdi	dedill	occorred di			reet, city or town,		ie date		E SIGNED
ACTUAL	(Klite	115	To	u		M.D. VAH						2/	5/59
SIGNATURE	- Cum					M.D	ET TIO	وللايمان	TID				2(2)
PHYSICIAN NAME (Typ		N WET I	AN.	M.D.		VAH_F	T HOW	ARD. M	D			2/	5/59
220. BURIAL, CR REMOVAL	REMATION, 22b.	DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	ar caunty)		(Stote)	
Buria				Baltimor	e Na	tional	TG 1	Bal	timore.	Marvl	and		
23. FUNERAL DI	RECTOR'S SIGNA	TURE		ADDRESS			240. REC'I	D BY REGIST		STRAR'S SIC			
Thomas	E Kola	on In 1	3035	resstmen S	+ Ba	I to Ma	DATEB	6 '59	anth	wa 2 A	-		

VS A15 (4) 15M 10/57

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					9100	
			SERVICE STREET, SO WELD			
		Kan Hill C. C.	2.87.72			3 3
						0.00
				Districted in		
• •	•					
					(47)	
		(**) (**)				
	4					

FOR STAT HEALTH DEPT of director. Page of Health TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is neexecute the correcte, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be traded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained to FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State B, or its designated agent, prior to burial, cremation, or remayal, and in any event within 22 hours after death.

VS. A15ME &M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1036 Item 9 FilmG239 3-9-59 et Reg. Die	it. No.
	1. PLACE OF DEATH O. COUNTY BALTIMORE CO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of State HARVLAND COUNTY DA	LTIMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and ond give nearest fown) COCKEYSVILLE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and COCKEYSVILLE)	give nearest lawn)
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 211 PADONIA ROAD	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Organ Cyouch DEATH FEBRUARY	20 1959
	5. SEX 6. COLOR OX RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WITH 9. AGE (In yours IF UNDER 1 1888 1997	YEAR IF UNDER 24 HRS. Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) IRANSIT OF RATOR RET. BALTO. TRANSIT MARYLAND 12. CITIZ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) VS	EN OF WHAT COUNTRY?
	13. FATHER'S NAME GROUCH ANNIE FRENC	H
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. OR OVCH 211 /4	DONIA ROAD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse fast. (c) (c)	INTERVAL BETWEEN ONSET AND DEATH CONSET AND DEATH
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c, TIME OF INJURY Month, Day, Year Hour a, m. 19 20d. INJURY OCCURRED Not while at wark at wark at wark 20e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.)	nty) (State)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry opinion death resulted from: Natural eauses, Accident, Suicide, Homicide, Undetermined m	
2	SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE (ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMI	1/20/19
	220. BURIAL, CREMATION. 22b. DATE THEREOF PROSPECT HILL TOWSON 4	MARYLAND
	JOHN BURNS SONS TOWSON 4, MD, DATE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	

WHATER OF THE PROPERTY OF THE

VS A15 (4) 15M 9/S5

01526

Reg. Dist. No.

0.	Balto.	MARYLAND	a. STATI	Md.		b. COUNTY	Balt	0,	
b.	CITY OR TOWN (If autside corporate limits, write RURAL and give neares! lown) Towson	LENGTH OF STAY IN 16	c. CITY	OR TOWN (IF ou		rote limils, write R	URAL ond gi		n) /
d	NAME OF HOSPITAL (If not in hospital, give street add or INSTITUTION TOWSON CONVAL. Home-301			LO6 M	It. Ho	lly St.		e. IS RE	SIDENCE A FARM?
D	IAME OF First ECEASED (Type or print) Anna Marje	Middle	Y	Last	4. DATE OF DEATH	Mon	Feb.	Day	Year 1959
5. SE	female 6. COLOR OR RACE 7. MARRIED 7.		B. DATE OF Dec.	3, 1877		9. AGE (In years lost buthday) yrs.	IF UNDER 1	YEAR IF UND	
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker at	ND OF BUSINESS OR INDU				ountry)	12. CITIZ	ZEN OF WHAT	COUNTRY?
13. F	ATHER'S NAME		14. MOTH	ER'S MAIDEN NA	AME				
	Henry Knapp			Dora We	ber				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. 1	NFORMANT			Addi	ress		
{Yes,	no, or unknown] (If yes, give war or dates of service)	Ma	rs. Jai	nes Alli	son -	4001 The	e Alam	eda	
1	1B. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), and (c).}						INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	onary arter	ry a	clusi	on			ONSET AND	
	420.1 DUE TO			,					
	Conditions, if ony, which) the Gent	eralized ar	torros	0/85051	5			7	
Н	gave rise to immediate cause (a), stating the under-								
	lying cause last. (c) Se 22	elety							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATE	TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PERFC	AUTOPSY DRMED?
RTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter natu	re of injury in Po	ort I or Port	II of item 18.)	4		<u> </u>
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. 19 While of work	Not while for	ACE OF INJU	RY (Hame, farm, ffice bldg., etc.)	20f. (City	ar town)	(Co	ounty)	(State)
	21. I certify that I attended the deceased alive an 1959 ACTUAL Throwbort Mag	Z, and that death		A			nd on the		
	PHYSICIAN'S Theodore of	Graziano							
	Burial 2/28/59	Mastern Cen		Y	-	ON (City, town, o	1	(Stat	(e)
23. 6	UNERAL DIRECTOR'S SIGNATURE.	How- b	acto!	7 DATE 2	BY REGISTI		TRAR'S SIGN		
	V		M	d					

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funeral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the action certificate or considered may be retained by the haspital or attending physician and campletely filled TO FUNERAL I CTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/5S

		-	000	CERTIF	CAII	OF DEAT	п		Reg. Dis	t. No.	
)	1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA		USUAL RESIDENCE (V D. STATE Mary		d lived. If institution b. COUNTY	Balt:		
	b. CITY OR TOWN RURAL ond give r Catonsy		, write	c. LENGTH OF STAY IN	1b ×	Phoenix			JRAL ond g	ive neares	it town)
	OR INSTITUTION	ITAL (If not in hospitol, giv NOVE STATE		oddress)	1	d. STREET ADDRESS					IS RESIDENCE ON A FARM? 'ES NO
	3. NAME OF DECEASED (Type or print)	First Mar th		Middle J.		Curry	4. DATE OF DEATH	Mon Febr		26°	Year 19 59
	5. SEX female		7. MARRI WIDOWE	DIVORCED		April 11,	1872	9. AGE (In years lost bisthday) yrs.			UNDER 24 HRS. fours Min.
	100. USUAL OCCUPATION during most of wo None	ION (Give kind of work do rking life, even if retired)	ane 10b.	KIND OF BUSINESS OR I	NDUSTRY		te or fareign co yland	ountry)			A.
	13. FATHER'S NAME	Jackson Curr	y		14	. MOTHER'S MAIDEN	ary Geo	rge			
	15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FORC (If yes, give war or dates of ser	vice}	social security no.	Reco		NG GRO	OVE STAT		SPITA	AL.
	Conditions, if gove rise to couse (o), stoting lying cause last	the under-	Gen	rdiovascular Leralized ar	terio	sclerosis	MINAL DISEASI	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY
)	U (IF EITHER, NOTIF	YAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER;	POb. DESC	RIBE HOW INJURY OCC	URRED. (En	ter nature af injury i	n Part I ar Port	t II of item 18.)			PERFORMED? ES NO PA
	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	20d. IN While of work	Not while	e. PLACE (factory,	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (City	or lown)	(C	ounty)	(State)
1		hat I attended the reb. 26	19	9, and that de		. 19 59, to oursed at 9:15 SPRING Catonsv	GROVE	n the causes a reet, city or lown, STATE	nd an th	e date	the deceased stated above DATE SIGNED 3-26-59
	220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREOF		22c. NAME OF CEMETE	RY OR CRE		22d. LOCAT	to Co	or county) Md		(State)
	23. FUNERAL DIRECTOR H.W.Jenk	r's signature ins & Sons	s Co	ADDRESS .4905 Yorl	Rd.		AR 3 REGIST		TRAR'S SIG		

HYARD TO BY	DOS CHUTHICA	
		SELTAN
	Thought place	
		Algeria ()
		A CONTROL OF THE PARTY OF THE P

ofter death. Page 4 uneral directar,

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

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physician and campletely filled in

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After this certificate has been signed by

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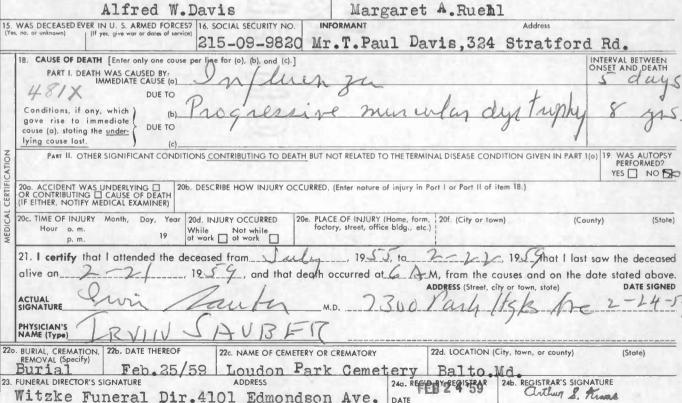
TO HOSPITAL OF

may be retoin

VS A15 (4)

15M 9/5B

	(.6)	MARYI	AND	STATE	DEPART	MENT OF	HEALT	H-BAL	TIMORE, 1	8	0.4	-9	0
a spin	10	1539)		CERTIFIC	CATE OF	DEAT	Н		Reg. D	-	[52]	5
	COUNTY	Baltimore			MARYLAND	o STATE		here deceosedy land	d lived. If institution b. COUNTY	on: Reside	nce befo	ore odmiss	ion)
Ł	CITY OR TOWN RURAL ond give r	(If outside corporate limined town) Catonsvi		c. LENGTH	OF STAY IN 1	52		outside corpo	rote limits, write R Lle	URAL ond	give ne	arest town) /
-	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g 327 Green		Rd		d. STREE	T ADDRESS		nlow Rd.			e. IS RES ON A YES	FARM?
I	NAME OF DECEASED Type or print)	Helen	st	М.	Middle	Davis	Lost	4. DATE OF DEATH	Mon Feb		2:	2	Yeor 1959
	F.	6. COLOR OR RACE	WIDOWE	ED 🔲	DIVORCED [Jan.	1,190)4	9. AGE (In years lost birthdoy) 55 yrs.	Months Months	Days	Hours	Min.
	during most of wor	ON (Give kind of work rking life, even if retired Pper, Welst				Co.	Balto	o.Md.	ountry)	12. ⊂11		SA	OUNTRY?
3.	FATHER'S NAME	Alfred V	.Dar	ris			r's MAIDEN	NAME L A.RI	ie h l				
	WAS DECEASED EV , no, or unknown)	ER IN U. S. ARMED FOR Ilf yes, give war or dates of s	ervice)			Mr.T.Pa	aul Da	avis,3	Addi 324 Stra		rd I	Rd.	
		immediate DUE TO	use per lin			n zu	une	wlas	dy t	uph	INT	ERVAL BE	
LICATION		HER SIGNIFICANT CON				BUT NOT RELATED				EN IN PA	RT 1(o) 1	PERFO YES	RMED?
- 1	ACCIDENT W	AS UNDERLTING L	200, DESC	- KIDE HOW	MAJORT OCCUR	KED, (Enter notur	e or injury in	TOTT TOT FOR	i ii or nem io.)				



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TO HOSPITAL OR

VS A15 (4) 15M 10/57

01529

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Baltimor	e	MARYLAND	2. USUAL RESIDENCE (W A. STATE Maryland	here decease	d lived. If institution b. COUNTY	on: Residence	before adm	nission)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI	URAL ond gi	ve nearest to	own)
	Fort Howa		20 Davs	Baltimore(1	- 1	^	101-	11	
	d. NAME OF HOSPIT	AL (If not in hospital, give stree		d. STREET ADDRESS	-			e. IS R	RESIDENCE
	OR INSTITUTION	Administration	Hospital	1003 Rector	w Lan	A			A FARM?
3.	NAME OF	First	Middle	Lost	4. DATE				
	DECEASED (Type or print)	JAMES	F.	DAVIS	OF DEATH	Februar		27	19 59
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years		YEAR IF UN	
	Male	White WIDON	VED DIVORCED	April 18,189		62 yrs.	Months [Poys Hour	Min.
100	during most of work	ON (Give kind of work done 10)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
	Tireman	and the creating territory	Retreads Tires	Elkton,	Virgi	nia	U.	S. A	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	George T	Davis		Ella F. Shi	ftlet	t			
	WAS DECEASED EVE		S. SOCIAL SECURITY NO. 17. II		01.00	Addr	ess		
(Ye	Yes 7/16	(If yes, give wor or dates of service)	216-16-1394 C	lin.Bec., Vet.	Adm H			hres	Marvlan
=		TH [Enter only one couse per		TIII.Mec., veo.	2xcuit a 11	Opproarja	0. 110		
				CTNOMA DICUI	n			ONSTIAN	P DEATH
	162.1	IMMEDIATE CAUSE (o)	RONCHOGENIC CAR	CINOPIA, RIGHT	5			12	Tears
	100.	DUE TO						100	
	Conditions, if or gove rise to in								
0	couse (o), stating								
	lying couse lost.	(c)							
o N	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WA	SAUTOPSY
CAT									FORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Por	t II of item 1B.)			<u> </u>
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	While		ACE OF INJURY (Home, form tory, street, office bldg., etc	n, 20f. (City	or town)	(Co	unty)	(Stote)
	21. I certify th	okl attended the decen	sed from February	7 1059 Fel	oruary	27 ,59		et mar in it.	
	2017/20/20/20/20/20		XXXXXX and that death					CKSONDO	30000000
			, and that death	occurred at	ADDRESS (S	n the causes a	nd on the	date sta	ited abave.
	ACTUAL X	7 - 90		VA HOSPI		freet, city or town,			DATE SIGNED
	SIGNATURE	1 / Mu	man	M.D. VA HODIT.	TALL OF	OILI HOWAL	D, TIM	I TITITIVE	2/41/2
	PHYSICIAN'S NAME (Type)	TRVING FREEMAN	M.D.	Chief. Med	dical	Service			
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF			TION (City, town, o	r county)	150	ote)
	REMOVAL (Specify)	3/2/59	Baltimore Na	tional Cemete					0.07
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		D BY REGIST		TRAR'S SIGN		
	-	D1 2 17	3818 Roland Ave	MAR :	59				
	Donovan	Funeral Home	Raltimore 11 M	DATE		- CONTRACT	S. Kay	uk	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		485	CERTIFIC	AIE OF D	EATH	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Balti	more	200	MARYLAND	o. STATE	land	ere deceased	lived. If institution b. COUNTY	Bal 1			ion)
Dundal	k 22		c. LENGTH OF STAY IN 16	A company	alk		ota limits, write R	URAL end	give ned	rest fown)
OR INSTITUTION	Portship			/d. STREET AND 1805		tship	Road				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	THOMAS	5 I		VIS, Sr.		4. DATE OF DEATH		ruar		Oth	
male	white	WIDOWI		Nov.8,1	896		lost birthday) 62 yrs.	Months	Days	Hours	Min,
Metal In	king life, even if retired	done 10b.	O11	Ma	ryla	nd	intry)		SA	F WHAT	COUNTRY
13. FATHER'S NAME Edw	ard Davie	3		14. MOTHER'S		Groo	ms				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR Ill yes, give wor or dotes of WWI	tervicel	15-05-5168	INFORMANT Elizabe	th S	. Davi	s same	en 9 83	#2		
Conditions, if or gove rise to it couse (o), stoting lying couse lost. PART II. OTH	the <u>under</u>)) ()	CONTRIBUTING TO DEATH BU	MA OF					T 1(o) 1	9. WAS /	
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in P	art I ar Port I	It of item 18.)	+			NO L
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	ar 20d. It While of wor	Not while for	LACE OF INJURY (Foctory, street, office			or town)	(4	County)		(Stote)
21. I certify the alive on	bflow (19.5	ed fram. JAN 59,, and that deat Nachimile WIAK		9:30	IM, fram	the causes of the city or town.	ind on t		te state	
270. BURIAL, CREMATIO REMOVAL (Specify)	2/14/59	OF 9	Oak Lawn				ON (City, town, c		Mar	ylar	
23. FUNERAL DIRECTOR	SSIGNATURE	11.	ADDRESS Dunda	lk 22		BY REGISTR		STRAR'S SIG		RE	

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTMORE, IB

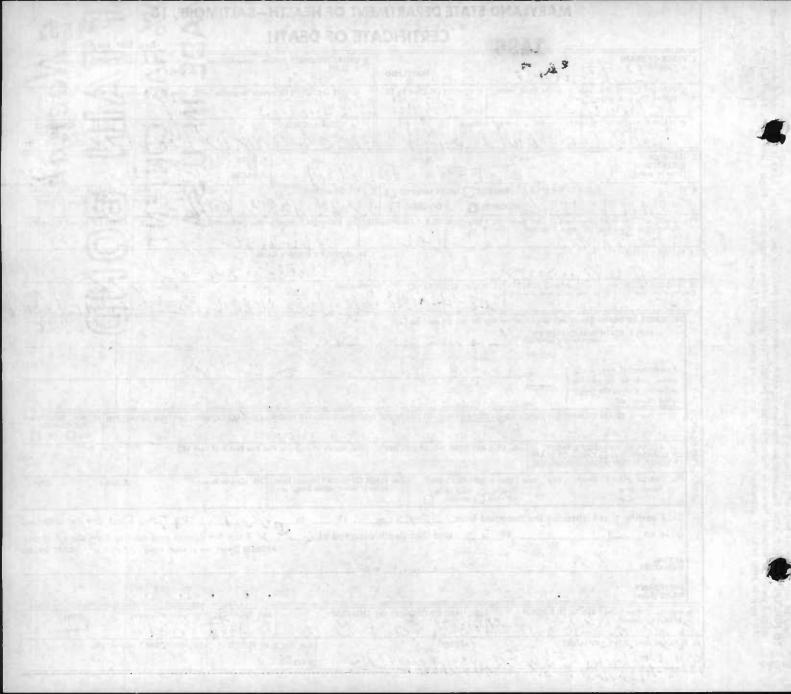
	1541 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH 6. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) ORPHISTITUTION Summit Convalescent Home	e 13/2 Silverthorne Rd . 15 RESIDENCE ON A FARM? YES NO 10
	NAME OF DECEASED (Type or print) SARA Middle	DEAN 4. DATE Month Day Yeor OF DEATH Fet 7 195
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Femole White WIDOWED DIVORCED	Jan Jug 20 1871 Strain Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woolan Mill	r Philadelphia, Pa, USA
	anthony Dean	Elizabeth Mc Devett
15.	WAS DECEASED EVER IN U. S ARMED FORCES? 1. no_or unknown) (If yes, give wor or dates of service) 1. no_or unknown) (If yes, give wor or dates of service)	Kathryn Dean Same
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Respiratory Intertion. Interval Between ONSET AND DEATH
	Conditions, if any, which (b)	ized Arteridsclerosis
	couse (a), stoting the under- lying couse lost.	ナドブリック
CERTIFICATION	a left foreerha	to hull tible Edil. TESLI NOW
	206. ACCIDENT WAS UNDERLYING ACCU OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Haur o. m. 19 While Not while of work	e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from	eath accurred at 620 P. M., from the causes and an the date stated above
	ACTUAL SIGNATURE STORATURE	ADDRESS (Street, city or town, stole) DATE SIGN ADDRESS (Street, city or town, stole) DATE SIGN
	PHYSICIAN'S W. E. KC Greth	Catonsville april
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) Fef 11, 1959 New Co	athedral Cimity Bultime md
1	EUNERAL DIRECTOR'S SIGNATURE ADDRESS SUNS Co, 49057	Vila Rood Dat FEB 1 1'59 Carloy & Kroun

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL LOCIOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages I and the registrar prior to burial, cremation, or removal, and in any event within 72 hapts after death. TO FUNERAL D VS A15 (4) 15M 9/S5

Item 9 FilmC238 2-13-59 PEATH 01532 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH_OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T .5 3. NAME OF Middle Lost 4. DATE Yeor DECEASED OF DEATH (Type or print) 195 IF UNDER 1 YEAR IF UNDER 24 HES S. SEX 6. CQLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Joy birthday) Months Doys Hours WIDOWED 1 DIVORCED | papers. comple 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyfing/most of working life, even if retired) puo bon ar carba 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Ω, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which permi gned (b) gove rise to immediate DUETO couse (o), stoting the underbeen si lying cause last physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? se as the burialhas ULR son YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) use foctory, street, office bldg., etc.) Hour a. m While Not while of work of work CTOR: An 21. I certify that I attended the deceased from. 1952, that I lost saw the deceosed , and that deoth occurred of La T alive on M, from the couses and on the date stoted above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL AL AL PHYSICIAN'S 305 Francis Ave. Balto. 27, Md. John C. Healy moy be re-NAME (Type) 22g BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) Outher S. Thank DATEFEB 9 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

			MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
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157.9 CERTIFICATE OF DEATH

DECEASED (Type or print) CHARLES DORN DORN DEATH February 7 1959 5. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED 2/26/89 9. AGE (In years let under 2 HRE los birthday) Months Doys Hours Min. 9. AGE (In years let under 2 HRE los birthday) Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Laborer 13. FATHER'S NAME Frank Brewery 14. MOTHER'S MAIDEN NAME Justina Weatman 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address WW I 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate cause (c) PSEPTICIMTA DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERCORNED YES ON ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CHIEFTER AND INTERVAL BETWEEN OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERCORNED YES ON HOUSE AND DEATH OR CONTRIBUTING CAUSE OF DEATH CHIEFTER AND THE TOP OF THE Interval II of item 18.)		15	42	CERT	IFICA	TE OF L	PAIL	1		Reg. 1	Dist. No.		
Baltimore Syot - 4 Street Administration 12 days 3 4 Street Administration 12 5 5 5 5 5 5 5 5 5		Baltimore		MAR	YLAND	2. USUAL RESI o. STATE					ence before	odmission)
## Baltimore ## ## ## ## ## ## ## ## ## ## ## ## ##	b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			rate limits, wri	te RURAL and	d give near	est town)	
d. STREET ADDRESS Veterans Administration Hospital 31/1/1. Erdman Ave, B COACHE PRINT Middle CHARLES Find Middle CHARLES CHARLES DORN 10 D	Fort Ho	ward		12 days			Balti	more		3 V	21-4	4	
3. MAME OF DECEASED (Type or prim) CHARLES DORN DORE OF PRIME Male CHARLES CHARLES DORN AD THE PODUTY 19. AGE (in years L'UNDER 1/E AND IT SUBJECT 1/E AND	OR INSTITUTION	1		address)				an Arr	. P		e	ON A FA	RM?
CHARLES DORN DEATH February 1959 S. SEX 6. COLOR OR REAL COUNTY Male White Whowed DOWNED DOW	3. NAME OF							4. DATE		Month	Dov		
S. SEK A. COLOR OR RACE 7. MARRIED NEVER MARRIED 2/26/89 9. AGE (In years) Funders Verall is under the control of the bindry of of t		CHAI	RLES	-		DORN		DEATH	Fehru	וייי פו	7	19	50
Male White WIDOWED DIVORCED 2/26/89 69 79 Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done) ID. KIND OF BUSINESS OR INDUSTRY 101. BIRTHFLACE (Stole or foreign country) Laborer Brewery Baltimore, Maryland 11. S.A. 11. MOTHERS MADDEN NAME Frank Dorn 15. WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WW I 215-03-7616 Clin, Records, Vets, Adm. Hospital, Ft. Howard, Md. PART I. DEATH WAS CAUSED BY. SEPTICIMIA 18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).] PART I. DEATH WAS CAUSED BY. SEPTICIMIA DUE TO Conditions, if any, which gave rise to immediate couse (c), stabling the under lying couse to immediate lost. (c) PSEUDOMEDIA CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO ADDRESS DECONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO ADDRESS DECONTRIBUTING TO CAUSE OF DEATH HOUR A.M. 20a. ACCIDENT WAS UNDERSTING TO ADDRESS DECONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO CAUSE OF DEATH HOUR A.M. 20a. ACCIDENT WAS UNDERSTING TO ADDRESS DECONTRIBUTING TO CAUSE OF DEATH HOUR A.M. 19. DECONTRIBUTING TO CAUSE OF DEATH WORK TO THE PART IN THE PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO CAUSE OF DEATH WORK TO THE PART IN THE PART I(c) 19. WAS ADDRESS DECONTRIBUTING TO CAUSE OF DEATH WORK TO THE PART IN THE PART I OF PART II OF PA	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🖂		Н		9. AGE (In ye	ors IF UNDI	ER TYEAR		
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Brewery Baltimore Maryland U.S.A. Address Frank Dorn Justina Weatman	10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS			or foreign co	0.7		ITIZEN OF	WHAT CO	DUNTRY
14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. CAUSE OF DEATH Einter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH Einter only one couse per line for (o), (b), and (c).] SEPTICIMTA 3 DAYS 18. CAUSE OF DEATH Einter only one couse per line for (o), (b), and (c).] SEPTICIMTA 3 DAYS 18. CAUSE OF DEATH CAUSE (o) SEPTICIMTA 3 DAYS 18. CAUSE (o) SEPTICIMEN 18. CAUSE	Laborer	orking life, even if refired	,	Brewery		Bol+4	mama	Massella	md	,	1 0 4		
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18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 5 7 9.3 DAYS DUE TO Conditions, if any, which gave risk to immediate course (a), stating above risk to immediate course (a), stating the under (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERECORNED? YES ACCIDENT WAS UNDERSTRING. OR CONTRIBUTING COURSED ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERECORNED? YES A NO CONTRIBUTION OF COURSED ON CONTRIBUTION OF COURSED While Not while of work of DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERECORNED? YES A NO CONTRIBUTION OF COURSED ON CONTRIBUTION OF COURSED While Not while of work of DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERECORNED? YES A NO CONTRIBUTION OF COURSED While Not while of work of DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERECORNED? YES A NO CONTRIBUTION OF COURSED While Not while of work of Course Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERECORNED? YES A NO CONTRIBUTION OF COURSED While Not work of CENTER OF CE				15_03_7616	A -73.	Doggo	- TT - L	- A.J	77	7 791			
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ACTUAL SIGNATURE M.D. VAH, FORT HOWARD, MARYIAND PHYSICIAN'S NAME (Type) H.B.CURRY, M.D. 120. BURIAL, CREMATION, REMOVAL (Specify) Burial 221. Date thereof 2/11/59 Baltimore National 2331 Brehm's Lane 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Haur a. m.	10	While	Not while	20e. PLA fact	CE OF INJURY (lory, street, office	Home, farm bldg., etc.	, 20f. (City	or town)		(County)		(State)
ACTUAL SIGNATURE M.D. VAH, FORT HOWARD, MARYIAND PHYSICIAN'S NAME (Type) H.B.CURRY, M.D. 120. BURIAL, CREMATION, REMOVAL (Specify) Burial 221. Date thereof 2/11/59 Baltimore National 2331 Brehm's Lane 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	21. I certify t	that kattended the	deceas	ed from Janua	ry 26	19_59	, to Fe	bruarv	7 . 19	59 Hrats	blostan	oction vis	10 :10 5
ACTUAL SIGNATURE M.D. VAH, FORT HOWARD, MARYLAND PHYSICIAN'S NAME (Type) N.B. CURRY, M.D. VAH, FORT HOWARD, MARYLAND VAH, FORT HOWARD, MARYLAND 2/7/59 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 2/11/59 Baltimore National Baltimore Maryland 2331 Brehm's Lane 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 3331 Brehm's Lane EFP. 1 0 150	200000000	00000000000		DOOCK, and that	death	occurred at	2:30A	. M. from	the cause	s and on	the date	stated	above
PHYSICIAN'S NAME (Type) H.B.CURRY, M.D. VAH, FORT HOWARD, MARYLAND 2/7/59 22c. BURIAL, CREMATION, REMOVAL (Specify) Burial 2/11/59 Burial 2/11/59 Baltimore National Baltimore, Maryland 24b. REGISTRAR'S SIGNATURE 3331 Brehm's Lane 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		11/1/1	, ,								me date		
NAME (Type) H.B. CURRY, M.D. VAH, FORT HOWARD, MARYTAND 2/7/59 270. BURIAL, CREMATION, REMOVAL (Specify) Burial 2/11/59 Baltimore National Baltimore, Maryland 28. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE	X/8 C	ir	ry	A	A.D	H,FOR	T_HOWA	RD, MA	RYLANI)		
REMOVAL (Specify) Burial 2/11/59 Baltimore National Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 3331 Brehm's Lane 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	NAME (Type)					VA	H, FOR	T HOWA	RD, MA	RYLAND)	2/7/5	9
23. FUNERAL DIRECTOR'S SIGNATURE 3331 Brehm's Lane 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify	v)										(State)	
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Denimunek Funeral nome, Baltimore, Maryland DARLD 10 59 Clathing & fr			3	331 Brehm'	s Lar	ne							
	Schimunek	runeral Ho	me,	Baltimore,	Mary	rland	DATELD	1 0 59		alling &	Kan		

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ADDRESS

Littlestown. Pa.

/28/59

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Silver Run, Carroll Co., Md.

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATE FEB 2 6 '59

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HOSPITAL

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FOR STATE HEALTH DEPT. By Jour files. By Jour files. By Jour files. By Jour files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01535

Reg. Dist. No.

		LACE OF DEATH					JSUAL RESIDENCE (Where decease			dence be	fore admi	issian)
,	L	Bal	timore		MARYLAND) (Marvla Marvla	and	b. COUNT	Bal t	imor	e	
-	b	. CITY OR TOWN [If	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16		CITY OR TOWN (lf autside carp	porote limits, write	RURAL at	nd give n	eorest ta	wn)
			s Point			1 >	Parkvi	alli					
	d			If nat in ha	spital, give street address)	1	STREET ADDRESS						ESIDENCE
0		Ве	ethlehem S	teel (Co.	1	8113 1	Dalesfo	ord Rd.				A FARM?
		NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Manth	3	Doy	Y	fear
		Type or print)	Emmett		В.	E	dwards	DEATH	2		16	1	959
	5, 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DAT	OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS.
		Male	White	WIDOWE	D DIVORCED]	Feb. 20. 1	L906	52 yrs.	Manths	Days	Hours	Min.
	10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 1	I. BIRTHPLACE (Stote	e ar foreign c	auntry)	12. CI	TIZEN O	F WHAT	COUNTRY
		Truck Dri		He	avy Dirt Movi	nø	North	Caroli	na		II	SA	
	13.	FATHER'S NAME		110	uvj 212 v 110 v 12		MOTHER'S MAIDEN					U 24	
		Mo	onroe Edwar	rds			Pegg	y Richa	rdson				
	15.		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFOR		,	Address				
	j¥01,	No. er unknown)	(If yes, give war or dates of	service}	212-12-0361 Mr	e 1	Pearl V F	Edwards	8113 D	27 05	ford	Rd.	
			H Enter only one con			D . 1	. COLL V.		. 0117	- CO.		EVAL BETWI	CENT
		The state of the s	H WAS CAUSED BY:		101 (0), (0), and (c).	0	Decku.	5.01/	/		ONS	T AND DE	ATH
		1100	IMMEDIATE CAUSE (a)	1	OKONINICT	C	JUE LU.	3100					
		420.	DUE TO		The state of the s								
		Conditions, if on											
		(o), stoting the u											
		couse last.) (c				7						
	Z	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TERM	AINAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(o) 1		AUTOPSY RMED?
)	3											YES 🔲	NO
	CERTIFICATION	200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS	06. DESCRIB	E HOW INJURY OCCUPRED	(Enter n	ature of injury in Pa	ert f ar Part 11	of item 18.)				/1
		CAUSE OF DEATH.	III DOING D		1								
	B	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d.	INJURY OCCURRED 20e. PI	ACE OF	INJURY (Home, fare	m. 120f. (City	or lawn)	(Co	ounty)		(State)
	MEDICAL	Hour a.m. p.m.	19	While of we	e Not while fa	ctory, st	reet, affice bldg., etc	c.)					
			at I taok charge		remains described ab	ave.	held an Autap	sy 🗀. Ir	nspection [7].	Inqui	ry 🔼	- an	d in my
					causes . Accident	_		Hamicide	-		, 6	_	,
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		ACTUAL	ma	29-0	mi		CHIEF MEDICAL E	XAMINER [1	DATE S	IGNED
)		SIGNATURE				M.D	ASSISTANT MEDIC			7	11/2	10	731
		EXAMINER'S NAME (Type)	m.B.	1)AU	15 M.D		DEPUTY MEDICAL		_	/	10	14	1-
	220		N, 22b. DATE THEREC	OF.	22c. NAME OF CEMETERY C	R CREN			TION (City, tawn, o	as county)		(Stat	-1
		REMOVAL (Specify)	Feb. 19,		Belair Memo				7 - 4				-1
	23.	FUNERAL DIRECTOR		-///	ADDRESS MEILO	1.1.0.		D BY REGIST		Mary L		-	
	1	na land	1111111	mo	7401 R.1.	(4)							
0	u	Laceron J4	merce of	1/c	1701 (DELINE	010	DATE	B 1 8 '59	1 Ost	wer &	Thank		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the contact, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be added to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIAZCTOR: Page 3 should be used as a buriol-transit permit. File rage, 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any ment within 72 hours after death. VS. A15ME 5M 2/57

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MARYENDO STATE DEBARTACHT OF HEALTH-BALTHORE 18

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ARYLAND STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
Trems 1	TE FILLUSED	OF DEATH	

1545	CERTIFIC	ATE OF DEATH	Re	g. Dist. No.
o. COUNTY Gallinoal	MARYLAND	2. USUAL RESIDENCE (Where de	b. COUNTY	tesidence before admission)
b. CITY OR TOWN (If outside corporate limits, write BIRAL and give newest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 52 Jahre	corporote limits, write RURAI	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION **Blackwell Home		2. STREET ADDRESS	Esy au	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) PN 5/1/8/2	Middle L	LARIDEE 4. D	ATE Month FEATH	Doy Year 1959
Terrale W WIDOW		8. DATE OF SIRTH	lost birthday) Ma	UNDER 1 YEAR IF UNDER 24/HR Onths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	HAUSEULES OR IND	USTRY 11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME? UNKNOWN		14. MOTHER'S MAIDEN NAME	wn	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 47	Loance Wu	lear Total	Caraellea
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last. DUE TO (c)	hanie Ca Esteriosofer	ngestire Heart te cardio orasen	La Assaice	Cryre
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
		ED. (Enter nature of injury in Part I o		
Hour o. n. While		LACE OF INJURY (Hame, farm, 20f. actory, street, affice bldg., etc.)	(City or town)	(County) (State
21. I certify that I attended the decease alive on 12 12 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		h occurred at 7:15th.M.	fram the causes and ss (Street, city or town, state DCM FFF B)	
20. BURIAL CREMATION 226 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d.	OCATION (City, Jown, or co	The state of the s
3. FUNERAL DIRECTOR'S SIGNATURE	4 (spails	240. REC'D BY R		R'S SIGNATURE

Bart But Tall and		O STADRIVED	3535
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page Towns **CERTIFICATE OF DEATH** uneral directar. 0 may be retained by the haspital ar attending physician. O FUNERAL DIS OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

Lustin 6. Donovan -3818

01537 Rea. Dist. No.

	COUNTY	altimore	Ð	MARY	LAND	o. STATE	MA	ere deceased	lived. If institut b. COUNTY			odmission)
	CITY OR TOWN (IF	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or		rote limits, write I			t town)
	TOTOM.	VIGE. AL (If not in hospital, g	ive street	a diducus)		/ d. STREET	Lewyl	de.				IS RESIDENCE
	OR INSTITUTION											ON A FARM?
		103 St.A		s Rd.		110	3 St.	Albar	ns Road		Y	ES NO
1	NAME OF DECEASED Type or print)	W1113		Middle C. Elliot		lo	st	4. DATE OF DEATH	Mo Februa		Day	Yeor 19 59
5. 5	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED B	. DATE OF BIRT	Ή		9. AGE (In years	IF UNDER		UNDER 24 HRS.
	Male	White	WIDOW	all the same of th	-	Oct 20		2011	lost birthdoy)		Days H	lours Min.
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUST	TRY 11. BIRTHP	LACE (Stote of	or foreign co	untry)	12. CIT	ZEN OF	WHAT COUNTRY
		Finisher					rvlan			T	J.S.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
		Unknow	n.			Un	known					
15. (Yes		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT			Add	iress		
	no			6 09 0054	Mı	cs Mar	v E.	Roger	s.1103	St.A	lbar	ns Rd.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Car	ne for (a), (b), and (c). Ccinoma of]						INTERV	AL BETWEEN
	Conditions, if or gove rise to in casse (o), stoting t lying couse lost.	ny, which (b)									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	1	WAS AUTOPSY PERFORMED? ES NO
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature o	of injury in P	ort I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Nat while k ot work	foct	CE OF INJURY ory, street, offic	e bldg., etc.				ounty)	(Stote)
				ed fram Augus	death	accurred at	9:10 P	M, fram	the causes of the causes of the causes of the causes of the cause of t	and an th	e date	the deceased stated above DATE SIGNED /2/59.
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEM		CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)
-	Burial	3/4/58		Woodla	wn				dlawn			
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	0	11	24a. REC'D	BY REGISTI	RAR 246. REĞI	STRAR'S SIG	NATURE	

TO HOSPITAL OR TO FUNERAL DIS page 3 should E VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1548	CERTIFIC	CATE OF DEAT	H	Reg. Dist. No.
PLACE OF DEATH O. COUNTY	BALTIMORE	MARYLAND	O STATE	h count	tution: Residence before admission)
FORT HOWAR	D	5 DAYS	c. CITY OR TOWN (IF	outside corporate limits, write	e RURAL and give nearest town) 3 V 0 1, 4
· OR INSTITUTION	ADMINISTRATIO		d. STREET ADDRESS 1611 LONG	NOOD STREET	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First GEORGE	Middle	Lost FINCH	4. DATE A OF DEATH FERRIL	Annth Day Yeor ARY 15 19 59
MATE	WHITE WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	DECEMBER 19.		And the Doys Hours Min.
during most of work STOREKEEP! FATHER'S NAME	ing life, even if refired)	DE. KIND OF BUSINESS OR INE	WASHINGT	ON D. C.	U.S.A.
JOHN FINCE			EMMA HOF	FMAN	
Yes, no, or unknown)	IN U. S. ARMED FORCES? If yes, give wor or dates of service)		CLIN REC VET		HOWARD MARYLAND
15 LJX Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	DUE TO RE (b) (c) (c)		OMA OF RECTUM	HANAS DISEASE CONDITIONAL	ONSET AND DEATH 7 DAYS UNKNOWN
200. ACCIDENT WA	S UNDERLYING (206. D	P Resection, 19 ESCRIBE HOW INJURY OCCUR			GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YESMAN NO
20c. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d.		PLACE OF INJURY (Home, for foctory, street, office bldg., el	m, 20f. (City or town)	(County) (Stot
					59, that Date Stated about the date stated about the DATE SIG
PHYSICIAN'S NAME (Type) CH		I.D.	VAH, FORT	HOWARD, MARY	LAND 2/16/5
BURIAL (SPECIFY) BURIAL FUNERAL DIRECTOR'S	2-19-59	LOUDON PARK	24a. REC	41 4	MARYTAND GISTRAR'S SIGNATURE Why S. Kraus
COM 600	- Seley A	NIC. FOUL A	COMONO INVIDATE	-0 00	Winner & Transal

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ERNE. RE			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01541

CERTIFICATE OF DEATH 1550

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 120 Brandon Road	d. STREET ADDRESS 120 Brandon Road #12 e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ANNA ARLINE F	REEBURGER 4. DATE OF DEATH Feb. 8 19 59
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 13, 1896 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Retired Secretary Darm Credit Banks of 13. FATHER'S NAME	f Balto. Balto., Md.
(Yes, no, or unknown) [(If yes, give wor or dates of service)	Anna G. Filling Address
18. CAUSE OF DEATH [Enter only one couse per line for (st), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause last. DUE TO Lying cause last.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ICATIO	PERFORMED? YES NO 2 O. (Enter nature of injury in Part I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.) (City or tawn) (County) (Stote)
21. I certify that I attended the deceased from MV. adive on Tile & 1959, and that death ACTUAL SIGNATURE Land of Chamber A	accurred at 20 M, from the causes and an the dote stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED DATE SIGNED
PHYSICIAN'S FOR LICHAM PRIT - 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	4108 Liberty Hts. 13c1/16-7- md.
Burial 2/11/59 Western Ceme: 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	(Sidile)
Wm.g. Tuckner + 30 Bello-17, 1	nd DATEFEB 1 1'59 Cirilwa S. Kraus

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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1554

01542

Rea Dist No

										g		
	PLACE OF DEATH o. COUNTY	Baltimor	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Balto.						issian)		
	RURAL and give n	A 70 70	ls, write	c. LENGTH OF STAY	N 1b	A			te limits, write R	URAL and gi	ve nearest to	wn)
	Catonsv					Ja Cat	tonsv	ille				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ee .			/ d. STREET A					ON	A FARM?
		House in	TIL	35		2208 I	Rockw	ell A	ve.		YES (□ NO □
	NAME OF DECEASED	Fir	'st	Middle	-	Los		4. DATE OF	Mon	th	Day	Year
	(Type or print)	Jennie		Irene		eman		DEATH	Feb.		18	19 59
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		DATE OF BIRT		-	. AGE (In years last birthday)		YEAR IF UN	
	H'	W	WIDOWE	T-MAP	-	Sept.20			72 yrs.		7075	min.
10a	during mast of war	ON (Give kind of work king life, even if retired)			RY 11. BIRTHPL	-		ntry)	12. CITIZ	EN OF WHA	AT COUNTRY
12	ASST BU	yer Ret		Dent. Sto	r.e	1	Benn					
13.	PATHER S NAME	John Goh	170			14. MOTHER'S			rine K	nanan		
_		0 - 2222 2						oa che	T.Tile V	aemer.		
IS. (Ye	was DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.		FORMANT			Addi			
	No				Mrs	. Ruth	n Mor	risse	tt 220	3 Roc	kwell	Ave.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c).]	(DX)	Service					INTERVAL I	D DEATH
	420.1)	,	,	, ,				-	0-1-
	Conditions, if o	ony, which)	Por	Juar. A	eler	7 E L TO					53	7.1
	gove rise to i			1-		,					-	
	lying couse last.	(c)								500	
NO	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
CAT	NE JESS											ORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAR OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture o	of injury in Po	ort I ar Part II	of item 18.)			
CAL	20c. TIME OF INJUR	RY Month, Day, Yes	or 20d. IN		20e. PLAC	E OF INJURY	Hame, farm,	20f. (City o	r town)	(Co	unty)	(State)
WED	Haur o.m. p.m.	19	While at worl	Nat while at work	racio	ory, street, affice	e blag., elc.)					
	21. I certify th	nat I attended the	decease	ed from	23	1959	, ta	2-17	- 1957	that I la	ist saw the	e decensed
-	alive an	2-17-	. 19.3	2, and that								
		11 2	E 11	1					et, city ar town,			DATE SIGNED
13	SIGNATURE Z	elmer 110	BLU	20/8/	M	D. & 221	29 3	reder	ich a	re.	2-2	20-59
	PHYSICIAN'S NAME (Type)	Imer K.	Go	Mager		B	Men	nord.	25,	and.		
220	- BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATIC	N (City, town, c	r county)	121	ate)
	Burial'specify)	2-21-59)	Meadowr					kridge		1011	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'D	BY REGISTRA		TRAR'S SIGN	IATURE	
	Farley F	uneral Ho	me, C	Catonsvil	le,M	id.	DATE FE	B 2 4 '59	a	Thung 8.	Kenna	
										· disk a	· A PARAME	

MARYEAU STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		To although to		
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1552 **CERTIFICATE OF DEATH**

Reg. Dist. No.

_													
1.	PLACE OF DEATH o. COUNTY	Baltimore		MARYI	LAND	2. USUAL RES o. STATE	Mary!	ere deceased Land	lived. If institu b. COUNT	tion: Residen	ce before	e odmissi e	on)
	b. CITY OR TOWN RURAL and give	(If autside carporate lim nearest lawn) aton Sville	its, write	c. LENGTH OF STAY (3yrlOmth2			town (If o		ate limits, write	RURAL and (give near	est lown]	
	d. NAME OF HOSE OR INSTITUTION SPRING	GROVE STAT		oddress) OSPITAL		d. STREET 643		erty R	oad		e		DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fi And:		Middle Be rnar d		lo Fr	rey	4. DATE OF DEATH		ruary	Doy 13		ear 59
	male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIE	_	Sept.			9. AGE (In years last birthday) OU yrs	Months	1 YEAR I	Hours	R 24 HRS. Min.
10	during most of we Stone I	NON (Give kind of work orking life, even if retired III)	1	KIND OF BUSINESS OF Ons truction	RINDUS		rylanc		untry)		. S.		COUNTRY
13	Ernest	Fre				14. MOTHER	s MAIDEN N	IAME					
(Y	WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give wor or dates of	service)	social security NO. 12-14-8726	1	cords:	SPRIN	G GRO	Ad OVE STA	dress TE HO	OSPI	PAL	
NO	Canditions, if gave rise to cause (a), statin lying cause las	g the under-	o)	rcinoma of						VEN IN PART	T 1(o) 19	. WAS A	UTOPSY
CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH 'Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature o	of injury in P	Part I or Part	II of item 18.)			PERFOR	
MEDICAL	20c. TIME OF INJU Haur a. j. p. m	10	While	NJURY OCCURRED Not while	20e. PLA foc	CE OF INJURY ary, street, affic	(Home, farm, te bldg., etc.	, 20f. (City	or town)	(0	County)		(State)
		that I attended the b. 13 Skella Stella Wach	19.	chiler		SPRI	8:45a	ADDRESS (Str ROVE S	the causes	, state) IOSPITA	ne date	state	d abave
22	o. BURIAL, CREMAT REMOVAL (Specif Burial	226. DATE THEREC		22c. NAME OF CEME Woodlaw		CREMATORY		22d. LOCATI	ION (City, town,	or county)	Mar	(State	
23	FUNERAL DIRECTO		0 Lil	perty Heigh				BY REGISTR	RAR 24b. REG	ISTRAR'S SIG	NATURE		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL D. JOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld. Detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1553 CERTIFICATE OF DEATH

1	1	1	5	4	4
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Reg. Dist. No.

	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
	BALTIMORE	MARYLAND	O. STATE MARULAND B. COUNTY BA	ITIMORE.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside carporate limits, write RURAL a	nd give nearest town)
	OWINGS MILLS	5 mo.	XFU/IERTON	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE
	POSSWOUD STATS TRA	INVE School	BOX B. E. JUPPA ROAD	ON A FARM? YES NO 101
3.	NAME OF First	Middle	Lost 4. DATE Month	Day Yeor
	DECEASED (Type or print) FdWARd	STANSU	Cander D OF	and the same
5.		NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
L	M WIDOWE	ED DIVORCED	3-16-48 lost birthdoy) Month	
100	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
L			MARYLAND	U.S. H.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	JOHN RODERIS		ESTHER HUDER	
15. IYe	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
1	No -	- K	osewood Redords	
	18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			ONSET AND DEATH
	491 X DUE TO /	1 /	· //) ·	1)
	Conditions, if ony, which) (b)	sperates	n / freumenca	1 Kom
	gave rise to immediate Cause (a), stating the under-			. 0
	lying cause last. (c)	/		71Berth
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	ART (0) 19. WAS AUTOPSY
	Mierocophab	e ident h	1th gready plegio	PERFORMED? YES NO 12
CERTIF	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Bort II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL			ACE OF INJURY (Home, farm, 20f. (City or tawn) ctory, street, office bldg., etc.)	(County) (Stote)
MEG	10 1111110	Nat while Tak	troy, steel, office blog., etc.)	
	21. I certify that I attended the decease	ed from	, 19, 19, that	I lost saw the classical
	alive on 2-7 19	PC)	accurred at 12 40 AM, from the causes and ar	
		101	ADDRESS (Street, city or town, state)	DATE/SIGNED
	SIGNATURE Stany G. Bu	the	MD Owneys Mills, h	17/59
	PHYSICIAN'S NAME (Typo)			
220	BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or count	y) " (State)
	DUCIAL (Specify) Feb. 10, 1959	Relair Men	Parial Gardens Belair	Md
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Sollo 6, 240. REC'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
	Sasealin Fineral Hom	17401 Belais	Rel POATE FEB 1 1'59 ariling	& Kenya

MANAGER OF THE REST OF THE PARTY OF THE PART

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	,	1
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CERTIFICATE OF DEATH 1554

01545

1	100			Keg.	DIST. No.
	1. PLACE OF DEATH 0. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who of STATE and	ere deceased lived. If institution: Resid b. COUNTY	lence befare odmissian)
	b. CITY OR TOWN (If autside carporate limits, writ RURAL and give nearest tawn) Fort Howard	c. LENGTH OF STAY IN 16 8 Days	c. CITY OR TOWN (If or Baltimor	utside carporate limits, write RURAL on	
	d. NAME OF HOSPITAL (If not in hospital, give structure or institution Veterans Administrat:		d. STREET ADDRESS 2605 Boo	ne Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) IRA	Middle	GLEAVES	4. DATE Month OF DEATH February	1 Year 1959
		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 17,18		ER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work dane 1 during most of working life, even if retired) Porter	Ob. KIND OF BUSINESS OR INDU Retail Store	Baltimore,	or foreign country) 12. (Maryland	U. S. A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
A	Abraham Gleaves		Hattie Mart	in	
	(Yes, no, or unknown) (If yes, give war or dates of service)	4- 4	INFORMANT Lin.Rec.,Vet.A	Address Adm. Hospital, Ft. H	oward, Marylan
	18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	r line far (a). (b). and (c).} MULTIPLE RENAL I	NFARCTIONS		INTERVAL BETWEEN ONSET AND DEATH 8 DAYS
		TEPHROSCLEROSIS			UNKNOWN
I		ENERALIZED ARTE	RIOSCLEROSIS		UNKNOWN
	PART II. OTHER SIGNIFICANT CONDITION Cerebral Thrombosis (C) 20a. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art 1 ar Part II af item 18.)	
	Haur a.m. Wh		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
	21. I certify that attended the dece	and that death	accurred at 9:30F		the date stated above DATE SIGNED 2/2/59
-	PHYSICIAN'S CHIEN WEI LAN, 220. BURIAL, CREMATION, 22b. DATE THEREOF	M.D. 22c. NAME OF CEMETERY O	PR CREMATORY	22d. LOCATION (City, tawn, ar county) (Stote)
	REMOVAL (Specify) 2-6-59		tional Cemeter	y Baltimore, Ma	ryland
	Rayner Sanders	217 E. Pres	ton St. 246. RECES	by REGISTRAR 246. REGISTRAR'S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 VS A15 (4) 15M 10/57

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		CENTIFICATE	Section 1.
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		do a week to	

1556

CERTIFICATE OF DEATH

01547

	1000	CERTIFICA	HE OF DEATH	Reg.	Dist. No.
N.	1. PLACE OF DEATH Baltware	MARYLAND	2. USUAL RESIDENCE (Who do o. STATE	deceased fred. If institution: Raid b. COUNTY	lence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAY and give neares town)	THOF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate limits, write RURAL on Welf SUCCLE	d give nearest town)
00	d. NAME OF HOSPITAL HIS not in hospital, give speed oddress) OR INSTITUTION CERLEY SWELL		d. STREET ADDRESS	idenia Re	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Annie	Middle	HELMS 4	DATE OF Pebruary	Day Year 1959
1	5. SEX 6. COLOR OR RACE 7. MARRIED 1	DIVORCED	3 January 187	9. AGE (In years IF ND lost bir inday) 8.4 yrs. Months	ER I YEAR IF UNDER 24 HR. Doys Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if refred)	F BUSINESS OR INDUST	New Jali a	ly N. Y.	CITIZEN OF WHAT COUNT
	13. FATHER'S NAME !! We ge	l	14. MOTHER'S MAIDEN NAM	e Zurch	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of uninown) (If yes, give war or dates of service)	SECURITY NO. 17. IN	Butta Kas h	agen-laughter	Sauce
	18. CAUSE OF DEATH [Enter only one couse per line for (of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	diac of	Decaufeuse	trus	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate DUE TO	pelhod	ie Cardio-	Dasenlandina	1 7yrs
	couse (o), stoting the under- lying couse lost. (c)				
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPS' PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	OW INJURY OCCURRED	. (Enter nature of injury in Port	t or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work of or	t while fact	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote
	21. I certify that I attended the deceased from		10, 10		I last saw the decea
	actual signature walter Total		A.D.	M, from the causes and an DRESS (Street, city by town, state)	the date stated about pare sign
1	PHYSICIAN'S Walter T. K	EES			Med
	BURIAL FEB-24,1959 L	AME OF CEMETERY OR UTHERA		d. LOCATION (City, town, or county	(Stote) E - N.Y.
464	11. M 0 . 111 - 11. 1 . 1	DRE5S	DATE FEB		
	VULLEOUR- 1000 SUN - 1	OWSUH -	DATE FLO	E O OU	a. / wante

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1557 CERTIFICATE OF DEATH 01548

	1001	CERTIFIC	AIL OI DEAI			Reg. Dist. 1	No.	
1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE		ved. If institutio b. COUNTY	n: Residence b	efare admis	sion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16			e limits, write RU	IRAL and give	nearest low	n)
Fort Ho		22 days	Baltin	nore	3	Y01-	11	
OR INSTITUTION			d. STREET ADDRESS	1 A			ON	SIDENCE A FARM?
	Administration	HOSDICAT	3119 00	esley Av	enue		YES	NO 🔀
3. NAME OF DECEASED (Type or print)	BENJAMIN	Middle L	HENLEY	4. DATE OF DEATH F	Mont ebruary		Day LO	Yeor 1959
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS.
Male	White widow	ED DIVORCED	July 9, 1890		OO yrs.	Months Day	rs Hours	Min.
during most of wo	ON (Give kind of work done 10b. rking life, even if retired)							COUNTRY
Conducto	r	Railroad Co.		own, Mar	yrand	U.	S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Benjamin	F. Henley		Nettie I	. Edward	s			
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	953		
Yes, no, or unknown)	(If yes, give war or dates of service)	734129 C	lin.Rec., Vet	Adm. Ho	spital,	Ft. Ho	ward,	Md
	IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).] PNEUMONIA LEF	T LOWER LOBE			0	NTERVAL BE	TWEEN DEATH CEK
Conditions, if	DUE TO		3					
gave rise to couse (o), stoling lying couse lost.	the under-							
= 120a. ACCIDENT W	HER SIGNIFICANT CONDITIONS grene, left foo en under the condition H	contributing to beath, be t, secondary to eart Disease. CRIBE HOW INJURY OCCUR	UT NOT RELATED TO THETER OF ARTERIOSCLES OPERATION—Lef	MINAL DISEASE C POSIS OD. L Tumbar n Port I or Part II	ondition give literans Sympath of item 18.)	N IN PART 1(0) 3 1ectomy 2/2/59	19. WAS PERFO YES ZA	AUTOPSY PRMED? NO
20c. TIME OF INJU Hour o. m. p. m.	While		PLACE OF INJURY (Home, fo factory, street, office bldg., e		town)	(Count	(y)	(Slole)
21. I certify ti	hat A ottended the deceas	ed from January	19 1959 to F	ebruary	10 10 50	Karyyan	26363/ffC2/	363/363/3/3
	Chi Wi			P.M. from t	he couses or t, city or town, s	nd on the o	dote state	
PHYSICIAN'S NAME (Type)	CHIEN WEI LAN,	M.D.		HOWARD,			<i>E</i>	1-4-1-75
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY			N (City, town, or			
REMOVAL (Specify Burial		Baltimore N			imore.		(Stot	e)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		C'D BY REGISTRAL	R 24b. REGIST	RAR'S SIGNAT	TURE	
Um Coole T	11 ab + 6000 Hand	D. D	142	FEB 1 3 '59		Thung S. 72		

Wm. Cook Blight 6009 Harford Rd Balto Md

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01549

CERTIFICATE OF DEATH	Reg. Dist. N

	15	58	CERTIFIC	CATE OF DEAT	ГН		Reg. Dist. I	No
o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (* o. STATE Mary.		d lived. If institution b. COUNTY	on: Residence b	
RURAL and give no	f outside corporote limi earest town) Parkville	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (rote limits, write R		
OR INSTITUTION	AL (If not in hospital, g			d. STREET ADDRESS	Linwoo	d Ave.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fir	Anna	Middle A •	Lost Hoerner	4. DATE OF DEATH	Mon Feb		Doy Yeor 26. 1959
SEX Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV. 8. 189	2	9. AGE (In years lost birthdoy) 66 yrs.		AR IF UNDER 24 HI
during most of work Housew	ting life, even if refired	done 10b. I	At Home	USTRY 11. BIRTHPLACE (See		ountry)	12. CITIZEN	OF WHAT COUN
FATHER'S NAME	August Kr	ebs		14. MOTHER'S MAIDEN	NAME	uslovitc		J 24
. WAS DECEASED EVE es, no. or unknown)	R IN U. S. ARMED FOR Jif yes, give wor or dates of se	CES? 16. S		INFORMANT John E. Hoern	- 0 -	Addi	ess	21
14	mmediate	Cer Misson	ONTREDTING TO DEATH BUT	PNOT REVISED TO THE PARENTE OF THE P	Click Disease of Disea	Constitution (B.)	May 10	19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	-	While	JURY OCCURRED 20e. I	PLACE OF INJURY (Home, for octory, street, office bldg.,	orm, 20f. (City	or town)	(Coun	ly) (Stot
21. I certify the alive on E.C. ACTUAL SIGNATURE PHYSICIAN'S	at attended the		fram lun 1	19.57, to 19.57, to 19.50 h accurred at 6.00 m.d. 300.9 E	ADDRESS (SHE		nd on the o	saw the deceadate stated about DATE stated
o. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 226. DATE THEREO	59	22c. NAME OF CEMETERY	OR CREMATORY		ION (City, town, o	***	(Stote)
FUNERAL DIRECTOR		Jana 1	ADDRESS Hais of		C'D BY REGISTI	-	TRAR'S SIGNAT	TURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01550

L	59	CERTIFICATE	OF DEAT	
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H Reg. Dist. No.

1. PLACE OF DO O. COUNTY Balti			MARYLAND	2. USUAL RES	aryland	ere deceased li	ved. If instituti b. COUNTY		ce before or	dmission)
b. CITY OR T	OWN (If outside corporate lim I give neorest town) Howard		TH OF STAY IN 16 Days			re (Dur	e limits, write R	URAL and		10wn)
d. NAME OF OR INSTIT Veter	HOSPITAL (If not in haspital, gution and Administra		oital	d. STREET		ley Ros	ıd		0	RESIDENCE ON A FARM? S NO X
3. NAME OF DECEASED (Type or prin) WALTI		Middle J.	HOEY	ist	4. DATE OF DEATH	Februar		12	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	WIDOWED	DIVORCED	B. DATE OF BIRT	per 9,1	1917 4	AGE (In years lost birthday) yrs.	IF UNDER Months		OUTS Min.
10a. USUAL OC during mos Mail	CUPATION (Give kind of work of working life, even if retired Man		BUSINESS OR IND						S.A.	HAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN N	AME		-		
John	W. Hoey			Mary I	earv	156.				
1S. WAS DECEA (Yes, no. or unknow Yes	SED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SI		INFORMANT lin.Rec.,			Add ital,Ft		vard,M	aryland
Condition gove ris cause (a). lying cou	T I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO as, if ony, which to immediate stoling the under- te lost. (c) II. OTHER SIGNIFICANT CON)	TING TO DEATH BY		O THE TERMIN	NAL DISEASE C	ONDITION GIV	'EN IN PAR'	ONSET /	AS AUTOPSY REPORMED?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCUR	RED. (Enter noture o	of injury in Po	art I or Part II	of item 18.)			NO [
	F INJURY Month, Doy, Ye o. m. p. m. 19		while	PLACE OF INJURY (factory, street, office	(Home, farm, e bldg., etc.)	20f. (City or	town)	(0	County)	(State)
21. 1 cert	tify that Antended the	deceased from	and that deat	28 , 1959 th occurred at	2:40P	M, from to DDRESS (Street	the causes of th	and an th	he date s	tated abave. DATE SIGNED
PHYSICIAN NAME (Typ	O CHIEN WEI I.	IN, M.D.								
220. BURIAL, CR REMOVAL I Buria	Specify)	10	ME OF CEMETERY timore N				N (City, town, o			(State)
	RECTOR'S SIGNATURE		RESS Harford	Rd.	24a. REC'D	BY REGISTRA		STRAR'S SIC		

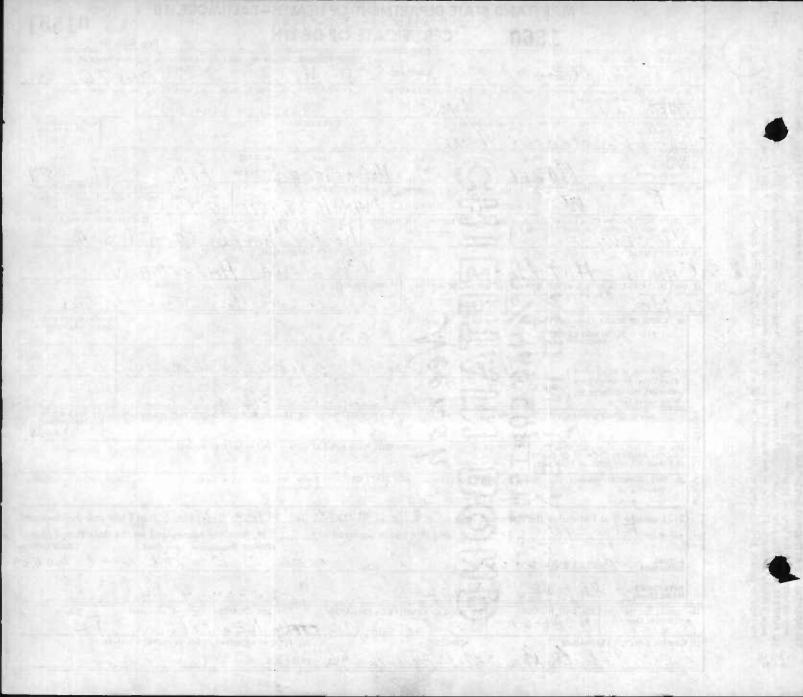
a committee of the comm A SECTION OF THE CONTRACT OF T harden or a fill of the brokers to be a first the process of a region, the older to exchange THE THE COURSE WINDOWS THE PARTY OF THE PART

6	22 1	2000	keg. Dist. No.
ledeniti		1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY BALTO, Co.
ld be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ANDIUSON C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Maryland Line
72.00	90	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION TOUSON CONVALESCENT HOME	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
es 1 and		3. NAME OF First Middle DECEASED (Type or print) HAZEL C. H	OF DEATH FER, 21 1959
s. Pages		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
n papers		10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUS during mast af warking life, even if retired)	TRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY ROCK CHAPEL 1 PA. U.S. A.
e carba		13. FATHER'S NAME CARVIL HUTCHINS	GEORGIANNA HAUPTMANN
remor		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. N. (If yes, give war or dates of service)	Address Leona Ollo Towson, Md.
please		18. CAUSE OF DEATH [Enter only one cause per line for Jo), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	y carditio Interval Between ONSET AND DEATH
t. Ther	d in any event	Conditions, if ony, which) the Hypertensive	Cardiovesen Can Disease
per .		gave rise to immediate cause (a), stating the under-lying cause last.	ris (Generalised)
ourial-transit		PART II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL BYSEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
the burial	_	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Port I or Part II of item 18.)
So	r in the second	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 at wark at wark	ACE OF INJURY (Hame, farm. 20f. (City ar tawn) (Caunty) (State) tary, street, affice bldg., etc.)
ached far		21. I certify that I attended the deceased from October olive on February 20, 1959, and that death	10, 1958, to Filmay 21, 1959, that I lost sow the decease
de	2	ACTUAL SIGNATURE Januar & BNolfe	ADDRESS (Street city or town, flate) ADDRESS (Street city or town, flate) DATE SIGNE 2/23/
		PHYSICIAN'S SAMUEL B. WOLFE	Toroson, 4 md.
Je 3	lue registrat	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BEMOVAL (Specify) 2-24-59 NEW FREEDO	CREMATORY 22d. LOCATION (City, tawn, ar caunty) M. CEMETERY NEW TREEDOM . PA
15 (4) 9/55		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS May Free A	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 2 6 '59 Cirling S. Kraus

TO HOSPITAL VS A

executed within 24 haurs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate by the haspital or attending physician.



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	i.	TOC	CERTIFIC	CATE OF D	EAIL	1		Reg. Dist	t. No.	
o. COUNTY	Baltimore		MARYLAN	o STATE		ore deceased vland	lived. If institution b. COUNTY		ford	nission)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 1	b c. CITY OR T		M Indiana	te limits, write R			own) /
RURAL ond give n			lmth23dvs	Havr	e de	Grace.	Marylan	nd /	2011	2
	TAL (If not in hospital,	give street		d. STREET AL			, J		e. IS (RESIDENCE
	OVE STATE	HOSE	TAL	614 6	reenS	treet				NO D
3. NAME OF DECEASED	Fi	rst	Middle	Lost		4. DATE	Man	th	Day	Year
(Type or print)	Flor	ence	Etta	Hol	ly	OF DEATH	Februa	ary 25	;	19 59
5. SEX	6. COLOR OR RACE	7. MARI	NEVER MARRIED	B. DATE OF BIRTH		9	AGE (In years		YEAR IF UN	
female	white	WIDOW	Insuffic	A ACC. Y	1874		last birthdoy) 84 yrs.	Months	Days Hou	rs Min.
during most of wor housew:	rking life, even it refired	done 10b.	KIND OF BUSINESS OR IN	2.7	rylan	·m.	thay We	1	S. A.	AT COUNTRY
3. FATHER'S NAME (UNKNOWN	Saac H.	Ha.	mmmod	14. MOTHER'S	maiden n					
5. WAS DECEASED EVE	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT			Add	035		
no	(it yes, give war or cases or		Inknown	Records:	SPRIN	G GRO	VE STAT	E HO	SPITAL	
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne far (a), (b), and (c).]						INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Co	ronary throm	bosis					ONSET A	ND DEATH
420.1	DUE TO									
Conditions, if o		Ar	teriosclerot	ic cardiov	ascul	ar dis	eas e			
gove rise to i couse (o), stoting lying couse lost.	the under-		ne ralized ar	terioscler	osis					
PART II. OT 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY			CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIT	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA PER YES	REORMED?
	AS UNDERLYING DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in P	ort I or Port I	l of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. II While of wor	Not while	PLACE OF INJURY IH foctory, street, affice	lome, farm, bldg., etc.	20f. (City a	r tawn)	(Co	ounty)	(Stote)
21. I certify th	hat I attended the	deceas	ed from April	18 1958	, to F	'eb. 25	19_59	that Lie	ast saw th	e decease
alive on	Feb. 25	19	9, and that de		9:30p	M. fram	the couses of	nd on th	e date si	ated above
0) (7) 0	//				et, city or town,		c date sit	DATE SIGNE
ACTUAL SIGNATURE	ruao K	ave	in kas-	M.D. SPRI	NG G	ROVE	STATE I	HOSPIT	AL 2-	-26-59
PHYSICIAN'S NAME (Type)	Bruno	Radav	iskas, M. D.	Cato	ns vi l	le 28,	Mary lar	nd		
MONTH OF THE PROPERTY OF THE P	ON, 226. DATE THERECO	OF (22c. NAME OF CEMETER	OR CHEMATORY		Men (Port Sil	host.	ma	itote)
3. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS M	· MI		BY REGISTRA	AR 24b. REGIS	TRAR'S SIGI	NATURE	
1100114	112 1101-		THAIN INCAM	1 1 1/1/11	18880	D'C' L	1 (1	UR Y OF		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within any be retrived by the haspital or attending physician.

TO FUNERAL OF TOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached for use as the burial-transil permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

funeral director, nould be filed with

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Wm. Cook-Blight Inc., 6009 Harford Rd., Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01555 Reg. Dist. No.

	PLACE OF DEATH 1304	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
1	o. COUNTY	o. STATE MO b. COUNTY BAITO
1	b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	and give nearest town)	
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
1	168 WILTSHIRE PD (SD)	ON A FARM?
=		168 WILTSHIRE PD. YES NO
	3. NAME OF First Middle DECEASED (Type or print) THERESA F	Last A. DATE Month Day Yeor OF DEATH FEB. 16 19 5-9
1		DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS.
	FFMALC WHITE WIDOWED DIVORCED T	10-22-88 Tost birthday) Months Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
	during most of working life, even if retired)	BALTIMORE
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	PHILIP PEACOCK	MARY DAVIS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
	(IT yes, give wor or odes or service)	TH WILLIAM SON 168 WILTSHIRE RD
F	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OKO NARY	Oce Lusion
4	420.1 DUE TO	
	Conditions, if ony, which) (b)	
1	gove rise to immediate cause (o), stating the underlying DUE TO	
1	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTN 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O CAUSE OF DEATH CAUSE OF DEATH	plet nature of injury in Port I or Port II of item 18.)
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY COURTED 200. PLAN	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Yeor 20d INJURY COURED 20e. PLAN Hour o. m. White Ndy white of work of	pry, street, office bldg., etc.)
	21. I certify that I taak charge of the remains described abo	ve, held an Autopsy , Inspection I Inquiry I and find that
1	death resulted from: Natural causes Accident , Suit	cide, Homicide, Undetermined cause
1	Don o	
1	ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE 100	ASSISTANT MEDICAL EXAMINER (7)
	EXAMINER'S MI. 13. DAVIS M.	DEPUTY MEDICAL EXAMINER 7/17/179=
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	BURIAL 2-18-59 PARK WOOD	BALTO, M.O.
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
4	John G. Connelly 418 Gastern Bl	est. (21) DATEFR 1 9 '59
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

		01		5	5	6	
Reg.	Dist.	No	,				

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary)		ed. If institution: b. COUNTY	Residence befo	ore admission)
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write RUR	AL and give ne	arest tawn)
Fort Ho		29 Days	Balti	more	3 V	01-1	_
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stre	et address)	d. STREET ADDRESS				e. 15 RESIDENCE ON A FARM?
Veterans	Administration	Hospital	613 Sprin	ngfield A	venue		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Do	y Yeor
(Type or print)	JOHN	W. HOR	TEN, JR.		FEBRUARY	21	1959
5. SEX Male	20	ARRIED NEVER MARRIED WED DIVORCED	9/20/86	9. A		UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work done 10 orking life, even if retired)	6. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sto	ote or foreign countr	γ)	12. CITIZEN C	F WHAT COUNTRY
Mail Ca		S.Post Office	Raltimor	re, Maryla	hra	U.S.A	
13. FATHER'S NAME	W. HORTEN. SR.	4000 011100	14. MOTHER'S MAIDEN		HA US	0.00	
IS. WAS DECEASED EN	VER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	EBULNORO	Address		
YES (Yes, no. or unknown)	(If yes, give war or dates of service)	C14	n.Records Ve	eta Adm H	nemi tel	W+ Herre	and Mid
	EATH [Enter only one cause per		112100001 00 1 1 6	S OC S ACCUITS IN	OSPT CATE		ERVAL BETWEEN
	EATH WAS CAUSED BY:		HEART DISEAS	er.		ON	ET AND DEATH
420	IMMEDIATE CAUSE (a)	. IDICIOSODEIO ITO	HEART DISEAS	- E		OI	ANOWN
Candition if							
Conditions, if	immediate (
couse (a), stating							
		S CONTRIBUTING TO DEATH BU	T NOT BELLATED TO THE TER	Halbina Diestes Co	NIDITION CONT.		
PTOUR NO							PERFORMED?
RIGHT M.		THROMBOSIS WITH				BILAT.	YES NO
OR CONTRIBUTING	Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE					
20c. TIME OF INJU	. Whi	. INJURY OCCURRED 20e. Pl te Not while for the part wark	ACE OF INJURY (Home, fo actory, street, office bldg., e	orm, 20f. (City or t	awn)	(County)	(Stole)
21. I certify	that attended the decer	osed from January 2	23 1959 to F	ebruary 2	21 159 6	EXTENSE OF	*****
CKXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	and that death	accurred at 6:45	PM from th			
	111	l'I	occorred descriptor		city or tawn, stat		DATE SIGNEE
ACTUAL	willed 111.	10 She		(0.100.)	on, or town, sto	,	2/27/50
SIGNATURE	10000		M.D				-4/41/27
	ROBERT M. POSKE	, M.D.	VAH, FORT	HOWARD,	MARYLAN	D	
220. BURIAL, CREMATI REMOVAL (Specif		22c. NAME OF CEMETERY C		22d. LOCATION	(City, town, or c	ounty)	(Stote)
Burial	- 40 59,18	59 Holy Redeemer	Cemetery	4430 Bel	lair Rd.	Balto.	, Md,
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR FEB 2 4 '59	24b. REGISTRA	AR'S SIGNATUI	RE
John A. Mon	ran Funeral Hom	e,4201 York Rd.	Balto . Md DATE	LD 4 4 59	arth	wy 8 1/60	w.A
DOINI A. MOI	ran runeral hom	e,4201 fork Rd.	Balto MO DATE		Chil	wy S. Flea	w.e

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	ن القراب	I York W. Halv	James Insent	unter La mie

FOR STATE HEALTH DEPT.

EFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please xecute the officiate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page is hould be it bridged to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained our files. FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Box 1 of Health, it is designated agent, prior to buriol, cremation, ar removal, and in particular within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01558

	Neg. Dist. 140.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
120/4/2004 County MARYLAND	o. STATE Maryland b. COUNTY Baltimere
b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)
Loch Raven (Rural)	Idlewydle, Baltimore 12 3 Vol-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2425 South West Road	1218 Limit Avenue
3. NAME OF DECEASED (Type or print) A Note First Middle Note First Middle Note First Middle	Jabnosky 4. DATE Month Doy Yeor DEATH 2 - Z 8 19 79
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
Female White WIDOWED DIVORCED 1	Feb. 6,1927 Out builday) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Underwritter U.S.F.& G. Co.	11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Otto A. Jabnosky	Mary White
[Yes, no, at unknown]	FORMANT Address
No None 219-22-6394 Ot	to A. Jabnosky, 1218 Limit Ave., Balto. 12, Mo
THE CANAL THE CA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(0) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	nler noture of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) (System)
21. I certify that I taak charge of the remains described above apinian death resulted from: Natural causes . Accident	
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER
Burial Mar. 3,1959 Moreland Memor	(Store)
23. FUNERAL DIRECTOR'S SIGNATURE John Burns' Sons, Towson, Maryland	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATAR 3 '59 CASSAN & KNOWN

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S S TO DEPUTY	X execute th	plnous 7	TO FUNER	or its de
S TO DEPUTY	execute the creations, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the fune	plnous y	TO FUNER	or its de
of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay	W execute th	pinous *	TO FUNER	or its de

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01559

		156°	DICA	LEXAMIN	VER'S	CERTIFICAT	E OF	DEATH	Reg. Di	st. No		
	PLACE OF DEATH	altimore		MAI	RYLAND	2. USUAL RESIDENCE (WI		ed lived. If institut b. COUNTY		nce bef		ssion)
E	ond given garest fown)		RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF a	outside car	porate limits, write	RURAL and	give n	earest to	wn)
(816 Hyde I	Park Road	not in hosp	itot, give street oddr	ess)	816 Hyde Par	rk Ros	id - 21			ON	A FARM?
	NAME OF DECEASED (Type or print)	CLA RA		Middle		JACKSON .	OF DEATH	Month February	1	Doy		ear 959
i. s	Female	6. COLOR OR RACE Colored	7. MARRIEL	NEVER MARRI		March 8, 1894		9. AGE (in years lost birthday) 64 yrs.	IF UNDER Months	1YEAR Days	Haurs	ER 24 HRS. Min.
Oa o	during most of working	N (Give kind of work d g life, even if refired) 180W110	_	ND OF BUSINESS O	R INDUST	Baltimo re			1	J.S.		COUNTRY
3.	FATHER'S NAME Wil:	liam Edward	Role	S		Isabell Th						
		R IN U. S. ARMED FOR (If yes, give war ar dates of s		OCIAL SECURITY NO		nida Robinson	, 23	Address S. Dalla	s St.	, Be	lto	
	PART I, DEAT	iate cause	A C	or (a), (b), and (c).)	ве					INTER	VAL BETWE	EN TH
HON	(a), stating the u cause last.	(c)_	DITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVI	EN IN PAR		PERFO	AUTOPSY PRMED?
CERTIFICA	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS 201	DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature of injury in Part	l or Port II	of item 18.)			res 🗌	№ []
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeu	While	NJURY OCCURRED Nat while at work		CE OF INJURY (Hame, form, arr, street, affice bldg., etc.)	20f. (City	or town)	(Cou	inty)		(State)
		at I taak charge resulted from: N				ve, held an Autopsy	, lr omicide	uspection , , Undeter	Inquir mined r	, man	-	d in my
	ACTUAL SIGNATURE	1119 0	av	to-		M.D. CHIEF MEDICAL EXA		R 🔲			DATE S	IGNED
	NAME (Type) Me.	lvin B. Day	is. M	.D.		DEPUTY MEDICAL EX	KAMINER 5	न ह	ebrua	rv]	6.	1959

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

Feb. 17. 19 22c. NAME OF CEMETERY-OR CREMATORY

22d. LOCATION (City, lawn, or county)

(State)

Maryland 246. REGISTRAR'S SIGNATURE

STARCED STAVENSO STAVENSO STAVENSON The Legisland of the late of the second solds. HER TO A LOCAL CONTROL OF THE PARTY OF THE P

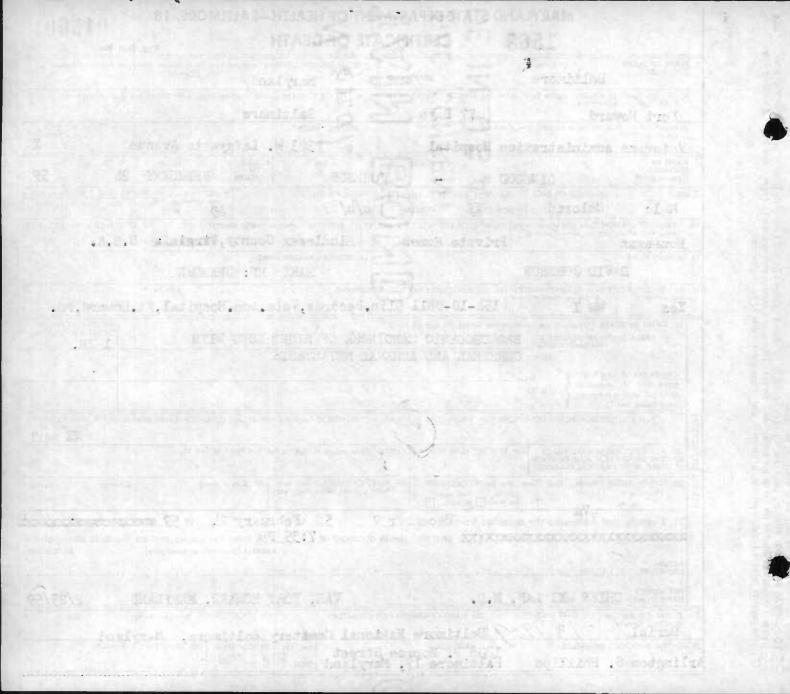
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	3
1700	CERTIFICATE	OF DEATH	

01560

1568 CERTIFICATE OF DEATH

1, PLACE OF DEATH o. COUNTY	Baltimore		MAI	RYLAND	2. USUAL RES	Maryl		lived. If instit b. COUN		ce before o	odmission)
b. CITY OR TOWN (RURAL and give n Fort How		, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (IF o		ote limits, write	0.1	give neares	t town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	re street o	oddress)		d. STREET	ADDRESS				e. I	IS RESIDENCE ON A FARM?
Veterans	Administrat	ion l	Hospital			2303 W	, Lafa	yette /	venue		ES NO
3. NAME OF DECEASED (Type or print)	First LINW		Midd	*****	OHNSON	ost	4. DATE OF DEATH	FEBRI	JARY 2	Day	Year 19 59
s. sex Male	6. COLOR OR RACE Colored	7. MARRI			1. DATE OF BIRT	гн	1	P. AGE (In year last birthday) Months		UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATION during most of wor Houseman	ON (Give kind of work de king life, even if retired)	-	KIND OF BUSINESS					votry)		S.A.	VHAT COUNTRY
13. FATHER'S NAME DA	VID JOHNSON				14. MOTHER"	MARY		NKNOWN			
	R IN U. S. ARMED FORCE (If yes, give war or dates of ser	vical	SOCIAL SECURITY N		FORMANT	is,Vet	s.Adm.		ddress	loward	d,Md.
PART I. DEA / G Q , / Canditians, if a gave rise ta i cause (a), stating lying cause last.	my, which (b)_	BRON	CHOGENIC BRAL AND	CARCI ADREN	AL META	STASIS			SIVEN IN PART	1 Y	VAS AUTOPSY
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY			RIBE HOW INJURY							P	NO NO
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year	20d. IN While at wark	UURY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY ory, street, offic	(Home, farm, e bldg., etc.)	20f. (City o	or town)	(C	ounty)	(State)
21. I certify th	at Kattended the	decease	d fram Decer	ber 9	19.58	. Æeb	ruary	24 19 5	9 maron		11000000
ACTUAL SIGNATURE	lei 1/2. Je	w.	COOK, and tha	t death	.D	7:35	PM, from	the causes	and an th	e date :	stated abave. DATE SIGNED
		I, M.	D.		VAF			RD. MAR			2/25/59
REMOVAL (Specify)		59	22c. NAME OF CEA					ON (City, town	or county)		(State)
23. FUNERAL DIRECTOR Arlington S.	/	18 Ba	08 N. Mon	roe S	treet ryland		BY REGISTR	AR 24b. REC	SISTRAR'S SIG	NATURE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 569 SEDICAL EXAMINER'S CERTIFICATE OF DEATH 01561Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland Baltimore files. Health, b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bradshaw d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Albert's Bar, Pulaski Highway 15 Chandelle Road YES NO Middle 4. DATE DECEASED OF HAROLD JOSEPH February 1059 (Type or print) 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . B. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months White Male WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during-most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES SOCIAL SECURITY NO. 17. MEGRMAN 9 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along per PART I. DEATH WAS CAUSED BY: Gunshot wound of abdomen IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a) stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CATION PERFORMED? YES X NO T 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Shot in abdomen 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) Hour XXX foctory, street, office bldg., etc.) While at work ot work Bradshaw Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection I. Inquiry [and in my CTOR opinian death resulted fram: Natural causes . Accident Suicide | Hamicide X Undetermined manner ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO Feb. 20, 1959 EXAMINER'S Charles S. Petty, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. RECD BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & trave 5M 2/57 DATE

MARYIAND STATE DEPARTMENT OF HEAVING THAN AND THE STATE OF DEATH AND THE STATE OF THE STATE OF

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VS A15 (4)

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) hvrlOmth3dvs Baltimor d Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3701 Greenmount Avenue SPRT NG STATE HOSPITAL GROVE YES NO NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH Alice February 15 19 59 Kel Iv 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours female white DIVORCED T Nov. 15. 1875 WIDOWED | yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ireland Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luke Kelly Jane McQuire 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Unknown Records: CROVI HOSPITAT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) ONSEY AND DEATH my DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERKORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Q. (1). While Nat while at work at work p. m. 21. I certify, that I attended the deceased from Jan. 20 , 19_5_7, that I last saw the deceased and that death occurred at 2 4 M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL STATE GROVE HOSPTTAT. ames PHYSICIAN'S Gtonsville, 28, Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7/1959 Buria New Cathedral Cemetery Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 4000 Liberty Hghts . Avante 1 7 '59 Ellsworth Armacost Fa

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH	571	CERTIFICA	TE OF	DEATH
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Reg. Dist. No. 11563

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If autside corporate limits, write of c. LENGTH OF STAY IN 16 RURAL and give nearest lown) White Hall (rural) 8 months	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) White Hall (rural)
d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Graystone Rd.	Graystone Rd.
3. NAME OF First Middle (Type or print) Warren Smith Ke	VS 4. DATE Month Day Yeor OF DEATH 2-17-59 19
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white widowed Divorced	8-30-1908 lost birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Asst. Foreman Tool Mfg.	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Keys	Clara A. Britton
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	NFORMANT Address
no 212-10-9309 M	rs. Evelyn Keys above
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate (b)	acchision INTERVAL BETWEEN ONSET AND DEATH 2 F Louis
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 of work of work 19 of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from File. I alive an Fel. 17, 1959, and that death ACTUAL SIGNATURE CO.M. France	occurred at 48 M, from the causes and an the date stated abave. DATE SIGNED M.D. 7 R K TON Md. 2/18/3-9
PHYSICIAN'S A. 14. FRANCE	
220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY O BURIAL 2-20-59 Moreland M	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	246. REGID RY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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	Clare A. Brittor		rles B. Keys	ed 3
sycds	eyek myisya .an			
M. W. SILON, ST		hastero		

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	CEKTIFICA	IE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Md •	deceased lived. If institution b. COUNTY	on: Residence before Baltim	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Pikesville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside X Pikesvill	0	URAL ond give ned	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	/ d. STREET ADDRESS 614 Milford	Mill Road		e. IS RESIDENCE ON A FARM? YES NO 🔀
NAME OF DECEASED (Type or print) Mary Ju	Middle lia K	Last 4.	DATE Mon Of DEATH Februa:	- 0	y Year 19 59
	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost/birthday)	IF UNDER I YEAR Months Days	IF UNDER 24 HRS Hours Min.
during most or working life, even if retired)	Own Home	Maryland		U.S	· A .
	nkins Social security no. 17. IN	14. MOTHER'S MAIDEN NAM	Speir Pike's	wille 8	- Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6): Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PCICEOSIS NOT RELATED TO THE TERMINAL		EN IN PART I(o)	2 ^3 413 5 4 15, 9. W/S AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	_ Not while foctor	CE OF INJURY (Home, form, 2 pry, street, office bldg., etc.)		(County)	(Stote
21. I certify that I attended the deceose olive on 12 12 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death	occurred of 2300 N	I, from the causes a RESS (Street, city or town,	that I last so nd on the daistote)	the decease stated about the stated about the stated about the state state about the state abo
o. Burial Remation, 22b. Date Thereof Removal (Specify) Feb. 21, 195	22c. NAME OF CEMETERY OR	Comotonie	LOCATION (City, town, o	r county) Marvlan	(Stote)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Regist	A PATE FEB	7 4 150	TRAR'S SIGNATUR	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01565 CERTIFICATE OF DEATH 1573 Reg. Dist. No. Page directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) PIRS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO T NAME OF Middle 4. DATÉ Month Day Yeor OF (Type or print) DEATH 19 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost_birthdoy) Months Doys Hours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO RENAL DISEASE Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. ft. While Not while of work of work p. m 21. I certify that I attended the deceased fram. that I last saw the deceased and that death accurred at 115PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL RAL D TO FUNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Olive burla. Randallstown, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Orthun 8. Frances DATEMAR

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please elected to writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directer. Page 4 should be forwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar privato burial, cremption. burial, crem ar remaval.

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VS. ATSME(S) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01566

	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY					
,	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town). Baltimore	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest tawn) Baltimore 3 V 0 1 - 4					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	It. Howard Vet. Administration	3312 Ramona Avenue YES NOJEC					
	3. NAME OF First Middle DECEASED (Type or print) An Casenh Howard Kr.	Last 4. DATE Month Doy Year of DEATH February 5th 1959					
	5. SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED . 8.	DATE OF BIRTH 9. AGE (In yours IPUNDER TYEAR IF UNDER 24 HRS.					
	male white WIDOWED DIVORCED T	pr. 7, 1889 Grant printed y yrs. Months Days Hours Min.					
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Retired Electrician	Baltimore, Maryland USA					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	William Knight	Florence M. Rhodes					
9	(Yes, no, pr, unknown) (If yes, give year or dates of service)	FORMANT Address					
		is. Agnes M. Kright, 3312 Ramona Ave.					
3	18. CAUSE OF DEATH [Enter only one cause per line (br (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH					
	420./ IMMEDIATE CAUSE (o)	Clerisin lomen					
	DUE TO)	1 1/10					
d	Canditions, if any, which gave rise to immediate cause	and them I'm					
l,	(a), stating the underlying DUE TO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY						
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NO 20g. EXTERNAL CAUSE WAS RIMARY or CONTRIBUTING	PERFORMED? YES NO					
		iter nature af injury in Part I ar Part II af item 18.)					
		E OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, affice bldg., etc.)					
	21. I certify that haok charge of the remains described above	re, held an Autopsy , Inspection , Inquiry , and find that					
	death resulted fram: Natural causes . Accident . Suice	ide , Hamicide , Undetermined cause .					
	11/10/01	lead' Land					
	SIGNATURE ALL CALLETON	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED					
	1. 1. 1.	ASSISTANT MEDICAL EXAMINER					
	EXAMINER'S NAME (Type) SACK (Oll (NS	DEPUTY MEDICAL EXAMINER DE 2-6-57					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR (CREMATORY 22d. LOCATION (City, town, or county) (State)					
	Burial teb. 9. 1959 Holy (ross	(emetery Brooksyn, A.A.(o, Maryland					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	Leonard J. Ruck 5305 Harford Road	d#14 DATEFEB 9 '59 Cuthury S. Knows					

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		Charles She Interna	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
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e funeral director,

Then please remove carban papers. Pages I and ofter death.

event within 72 haurs

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1575 CERTIFICATE OF DEATH

01567

O. I'm & Kinna

		• 0	CERTIF	CAI	E OF DEATI			Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Baltimore			MARYLA	- 11	usual residence (Wi g. STATE Maryland	here deceased	l lived. If institutio b. COUNTY	n: Residence	before or	dmission)
b. CITY OR TOWN (I	Foutside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If	outside corpo	rote limits, write RU	RAL and giv	e negrest	town)
Fort Hows	การ		7 Days		Baltimore		(1)	3 VO	1-4	4
	AL (If not in hospital, g				d. STREET ADDRESS	- 2 GT			0	RESIDENCE
	Administra				14 West Re	T			116	S NO NO
3. NAME OF DECEASED	Fi		Middle		Lost	4. DATE OF	Mont		Day	Yeor
(Type or print)	JOH		C.		KNOX	DEATH	February		13	19 59
5. SEX Male	White		IED NEVER MARRIED	_	ATE OF BIRTH	7.30	9. AGE (In years lost birthdoy)			JNDER 24 HRS.
		WIDOW		_ 0	eptember 12		72 yrs.		7	
10a. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZI	EN OF W	HAT COUNTRY
Auditor			S. Govt.		Baltimore	Maryl	and	U.	S. A.	
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN	VAME				
William F.	Knox				Sally Mudg	e				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	RMANT		Addre	255		
Yes, no. or unknown)	(If yes, give war or dates of s	ervice] 2	18-10-5939	Cli	n.Rec., Vet.	Adm Ho	spital.F	. Howa	rd. I	Marvlan
18. CAUSE OF DEA	TH [Enter only one co		ne for (o), (b), and (c).]		,					AL BETWEEN
	TH WAS CAUSED BY:	CLATOI	DIAC FAILURE	1					ONSEL	AND DEATH
11200	1420.0 DUE TO) death	
6		ART	ERIOSCLEROTI	C HE	ART DISEASE				UNK	NOWN
Conditions, if or	mmediate									
couse (o), stoting		TAME	ESTINAL OBSI	יייייוזכיי	TON				HMK	NOWN
lying couse lost.) (c	/								
PART II. OIF			ONTRIBUTING TO DEATH			INAL DISEASI	CONDITION GIVE	N IN PART 1	(a) 19. W	ERFORMED?
Operati			ry Laparoton						YES	S NO X
THE EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I or Part	II of item 18.)			
20c, TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Not while k ot work	De. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City	or town)	(Cod	unty)	(Stote)
21. I certify th	at Fallended the	deceas	ed fram. Februs	ore 6	. 19 59 to Fe	hmiam	73 19 50	thartybrho	ar your	Marythonorus
			COCC, and that d							
o constant		مر الار	The state of the s	eam ac			reet, city or town, s		date s	DATE SIGNE
ACTUAL SIGNATURE	nieto	n S	Durcher	9 M.D.	VAH, FORT					2/13/59
PHYSICIAN'S MI	LTON GINSE	BERG,	M.D., Acting	Chi	ef,Surgical	Servi	.ce			
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 226 DATE THEREO	1951	22c. NAME OF CEMETE				ION (City, town, or			(Stote)
23. FUNERAL DIRECTOR'	S SIGNATURE		ADDRESS	Mari	onal Cemete	D BY PEGIST	RAR 24b. REGIS	TASTAT	ATUPE	
					240. KEC	P DI MEDISI	nr m 640. NEO13	THOIR & ALCIN	THURL	

Henry W. Jenkins & Sons 4905 York Rd., Balto. Mdd A B 1 7 '59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the burial-transit permit. the registrar priar to burial, cremation, ar removal, and in any e by the haspital ar attending physician. may be retain TO FUNERAL D

VS A15 (4) 15M 10/57

as estimates represented the state of the st C. . The second of the second of the second ASSESSED BY BY MAN TO BE BUILDING TO BE WITH PART SERVICE . SEED THE SECOND SERVICE

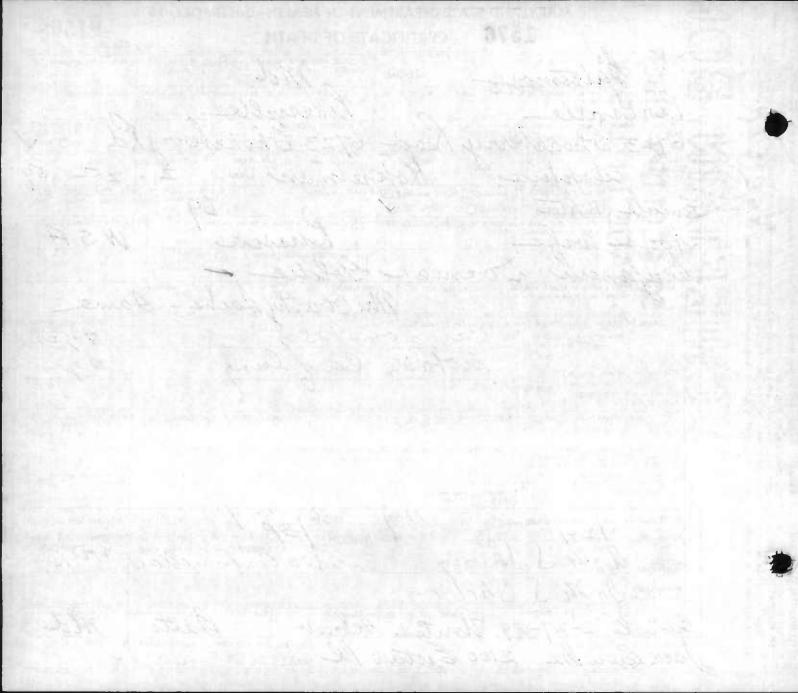
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1576

CERTIFICATE OF DEATH

01568

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
	o. COUNTY Galtimore MARYLAND	o. STATE Md b. COUNTY	Balto.
	b. CPT OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITYOR TOWN (If outside corporate limits, write RURAL and gi	ive nearest tawn)
	Mesville	X / Kesville	7
	d. NAME OF HOSPITAL (16 not in haspital, gife street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
١,	5/23 Ohokeverry 1600	6/23 6 Korenerry NO	YES NO
20	3. NAME OF DECEASED (Type or print) Sohlia First Middle Middle (Type or print)	GEATH 2 -	25- 1959
	5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED	Land Liver day	YEAR IF UNDER 24 HRS.
-	temale White WIDOWED DIVORCED N	left birthday) Months	Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHELACE (State or foreign country) 12.CITIZ	ZEN OF WHAT COUNTRY
Ħ	Nouse wife	Missia	NSH
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Menjamin Dorman	Totale-	
	15. WAS DECASED EVER IN U. S. ARMED FORCES? (Yes, no, or furniown) (If yes, give war or dates of service)	NFORMANT Address	
	V/10	M Jorothy Haens - Ha	me
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	-400 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	natusy	dyns
	163X DUE TO Protofo	Ca of lune	230
	Conditions, if any, which gave rise to immediate (b)	Coc proces	100
	cause (a), stating the under-		
	lying cause lost.) (c)	NOT BELATED TO THE TERMINAL DISEASE COMBITION CIVEN IN BART	1/-1 10 MAG AUTORCY
2	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	TO ACCIDENT WAS INDERIVING TO 200 DESCRIPT HOW MILLIPY OCCUPANT	D. (Enter nature of injury in Port I or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	- I II.	ACE OF INJURY (Hame, form, 20f. (City or town) (City, street, office bldg., etc.)	ounty) (State
	Hour o. m. While Not while tag Not work ot work ot work	noty, sneet, office blogs, etc.)	
	21. I certify that I attended the deceased fram.	19.56, to 12 459, 19 that I las	at saw the deceased
	alive an $2/24/$, 19,59, and that death	1304	
	8) 71. C (1. p.	ADDRESS (Street, city or town, state)	2 / DATE SIGNED
1	SIGNATURE 10 11. Surenza	M.D. VSJO Cutano/lao	100/57
1	PHYSICIAN'S DA M. S. Shiling		
	220 JURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CHEMATORY 22d. LOCATION (Ty, town, pr county)	(State)
-	describe 2-27-59 United	Hebrew Halto	ma
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	Jack Lewes Mr. 2100 Estait	DATEEB 27'59 arily 8 to	FARIA



Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

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MARYLAND

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Pine	

1. PLACE OF DEATH o. COUNTY

requires that the death

TO HOSPITAL

TO FUNERAL D VS A1

	t	b. CITY OR TOWN (If autside corporate limits, write RURAL and give n RURAL and give negrest tawn) PINE NURST C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give n RURAL and give n	earest tawn)
0		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6308 MOSSWAY 6308 MOSSWAY	e, 15 RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) WILLIAM EDWARD KRICKER OF DEATH FEB	Yeor 1959
	5. \$	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NEVER MARRIED Doys DIVORCED	R IF UNDER 24 HRS. Hours Min.
-	10a	du USUAL OCCUPATION (Give kind of wark dane lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN ON TO PROPERTY OF THE PRO	S, A,
	/	MATHIAS KRICKER HARGARET, MAIERS	
	15. Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. NO. of unknown) 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	ne
			TERVAL BETWEEN HISET AND DEATH
		Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. (b) UE TO	
0	CATION		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		(Stote)
		21. I certify that I attended the deceased from October 6, 1958, to 1959, that I last alive on Forward 4, 1959, and that death occurred at 1300 M, from the causes and an the deceased from ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 11 Chese St.	
- 1		PHYSICIAN'S Philip D. Flynn M.D. Ba Himore - 2 Md	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	220	Ro. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town, or county) SELECTION OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town, or county)	(Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE SIGNATURE DATE Outhur 8. Known	

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			No. 1 (MARCHINE)
		10 PM 11 NA 22	THE PARTY

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1578

CERTIFICATE OF DEATH

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U	L	O	4	U

20.0	keg, Dist. 140.
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY Bay Clamboo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS. o. IS RESIDENCE
Mt (arme/ Kd.	Mt. Carme/Rd. YES NO
3. NAME OF DECEASED (Type or print) LURETTH JANE	KROUT JEATH February 18 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years of IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Wanths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, no. or unknown) (If yes, give wor or dates of service)	INFORMANT ALLE THE Address Address The Add
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	asular Lisease Interval Between ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year While Nat while at work at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased fram.	1940, to 2/18, 1959, that I last saw the deceased
ACTUAL SIGNATURE A. M. France	h accurred at #7 M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. #2 2-8/5-9
PHYSICIAN'S A.M. FRANCE	
220-BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (DEN) 21/939 MT. ZiON	OR CREMATORY 22d. LOCATION (City, town, ar county) (State) EMELETY FREE TIME. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ALASA DATE ED 2 4 '59 CATHAN & KLAUS

N. H	CERTIFICA	STEEL C	
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		The second second	
			HOLD HILL
	Medicine Land		
	mack mack		

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HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cost, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distance. Page 4 should be arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Exercic Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01571

1570				Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institu	tion: Residence before admission)
Baltimore	MARYLAND	o. STATE Maryl	and b. COUNT	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENG	GTH OF STAY IN 16			RURAL and give nearest town)
Cockeysville. Texas	ife	Cockevevi	lle. Texas	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give		/ d. STREET ADDRESS	LIC, ICAGO	e. IS RESIDENCE
Church Lane		Church	Lane	YES NO
3. NAME OF DECEASED	- Middle	Lost 4	DATE Month	Doy Yeor
(Type or print) / Der/ Ran	kin /-	VOU/	DEATH 2-	19-59 19
5. SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED 38. D	ATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
male white WIDOWED	DIVORCED 3	-4-1908	lost birthday) 50 yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager Farm		Maryland		U.S.A.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
Abraham Krout		Ella Walte	rmeyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (You, no, or unknown) (If yos, give war or dates at service)	ECURITY NO. 17. INFO	ORMANT	Address	
no 213-20	-6269 Be	ssie F. Kr	out ab	ove
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)			/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	2/1/	1/2	Am 1051	(/2//-/
420, 1 DUE TO	1			
Candidan II am Alan	4			
gove rise to immediate couse				
(a), stoling the underlying DUE TO				
	ING TO DEATH BUT NO	T RELATED TO THE TERMIN	ALDISEASE CONDITION CIV	EN IN PART I AND WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	THO TO BEATT BOT NOT	TRECTED TO THE TERMINA	ALDISEASE CONDITION ON	PERFORMED?
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW IN	VJURY OCCURRED. (Ente	er noture of injury in Part I	or Part II of item 18.)	
	CCURRED 20e. PLACE	OF INJURY (Home, form,	206 (City or town)	(County) (State)
Hour o. m. While N	ot while factory.	, street, office bldg., etc.)	zor. (City or town)	(Coomy) (Store)
	work	1 11 1		
21. I certify that I took charge of the remains		e, held on Autopsy	, Inspection ,	Inquiry , ond in my
opinion death resulted fram: Notural capses	, Accident	, Suicide , Ho	omicide, Undeter	rmined manner
10h - 1 +00	1	0		DATE SIGNED
SIGNATURE MAULES OL	Dunell.	M.D. CHIEF MEDICAL EXAL	MINER [/
EXAMINER'S / 63 / 5 T- 0		ASSISTANT MEDICAL	EXAMINER []	-21 for.
NAME (Type)	Loning	DEPUTY MEDICAL EX		120/19
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA/	ME OF CEMETERY OR CR	REMATORY 2	2d. LOCATION (City, town, o	or county) (Stote)
Burial 2-21-59 Popl	ar Grove		Cockeysvi	
	Rd.,Towson	AL MA 240 REC'D	7 150	TRAR'S SIGNATURE
+ AUDI Brown IN I	ra. , rowson	TT 9 I'IU 4 TATE	arth	wy & Hanna

MIABO RO BEADAINED RIBERTA AND JACKEDA Two for One: FilmG239 2-27-59 et maxel . elliusyelloot 2-1-1-59 car conver ediam sim - Pastynes 20200 The state of the s Sala Walternesser Chory . T. stesses | Canaus arts Untial [2-21-59 Poplar Grove Cookeysville, Id to be vor set . Toweson, M. Park Sed by

FOR STATE

HEALTH DEP is necessary, please of rector. Page and aly Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the licote, writing the word "pending" in penal in Rem, 18. Give Pages 1, 2, and 3 to the funeral 4 should be 1.2, worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B ar its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 158 DEDICAL EXAMINER'S CERTIFICATE OF DEATH

11572

1.	1. P	LACE OF DEATH 2. USUAL RESIDENCE (Vyhere deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. COUNT
		Hall more maryland female Hallimore
	ь	CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)
'n		Farklon 23yrs / arklon
73	Æ	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM?
		Ork Rd. Ork Rd YES NO [
	3. 1	NAME OF Last 4. DATE Month Day Year
	_	Type or print) JONN George KUTZ berger DEATH Feb. 10 1959
	5. S	Martin Dun Karring
		WIDOWED DIVORCED LI UMIN 21 /880 /8 yrs.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
	-	Farmer termany termany.
1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 137 INFORMANT)
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SECURITY NO. 17 INFORMANT Address 11 yes, give war or dates of service)
		Mo ma form garller, Varpion, Mg.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a) This land
		420.1 DUE TO
		Conditions, if any, which gove rise to immediate cause
		(a), stoting the underlying DUETO
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
0	OL	PERFORMED?
	S.	YES NO 22 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lar Port II of Item 18.)
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or tawn) (Caunty) (State)
	MEC	Haur o. m. p. m. 19 Ol wark of wark
		21. I certify that I taak charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in my
		apinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner
		SIGNATURE (1 My, Thance M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
7		EXAMINER'S /7 AT F. P. S. C. S. ASSISTANT MEDICAL EXAMINER []
		NAME (Type) FT M, TRANCE DEPUTY MEDICAL EXAMINER 19
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Joven, or county) (State)
	6	Auxia/ 2/13/39 XVISEDUTO Cem, While Hall, Ild.
	23.	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	Lacob farlenslein, Hew Terendom Va MEB 1 3 '59 arthur S. Kraus

Should

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Pages

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within 72 haure

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complete

puo carban

physician c

death. Page

within 24

requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1581

CERTIFICATE OF DEATH

01573

Reg. Dist. No.

}	1, PLACE OF DEATE o. COUNTY
	b. CITY OR TOW RURAL and giv

Baltimore

MARYLAND

Middle

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Md .

b. COUNTY Baltimore

'N (If outside corporate limits, write

c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville

d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION

d. STREET ADDRESS 1000 Walker Ave e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print)

First FRANCES R LAU

1000 Walker Ave

4. DATE OF DEATH

Year 19

S. SEX Female

White

6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED TX DIVORCED |

B. DATE OF BIRTH Sept. 23, 1875 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS

Months Min.

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) during most of working life, even if retired)
Housewife

Home

Maryland

f2. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William F. Newman

14. MOTHER'S MAIDEN NAME Elizabeth J.

(Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO. 17. INFORMANT

Stabler 1000 Walker Ave

18. CAUSE OF DEATH [Enter online PART f. DEATH WAS CAUS IMMEDIATE C	r one couse per line for (o), (b), and (c).] ED BY: AUSE (o) Tobothy Coronary Guelrolum -	ONSET AND DEATH
Conditions, if ony, which)	DUE TO Chrowie - Wastern Comen he duch - brokaken	
gove rise to immediate couse (a), stating the under- lying couse last.	DUE TO there bowere alites -	+ years

20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.)

L CERTIF	20a. OR ((IF E	ACCIDE ONTRIE ITHER, N	NT WAS JUTING E HOTIFY M	UNDERLY CAUSE (EDICAL E)	ING DEA	ATH ER)	2
S	20c.		INJURY	Month,	Doy,	Ye) i
MEDIC		Hour	o. m.			19	

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form. 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

(State)

YES NO

21. 1	certify	that	l atten
alive	an		(O)

of work of work ded the deceased from

1. that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED

ACTUAL

PHYSICIAN'S Frederic V. Beitler M. D. NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Loudon Park

and that death occurred at

22d. LOCATION (City, town, or county) Baltimore

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Howard H. Hubbard 4107 Wilkens Ave 24g. REC'D BY REGISTRAR

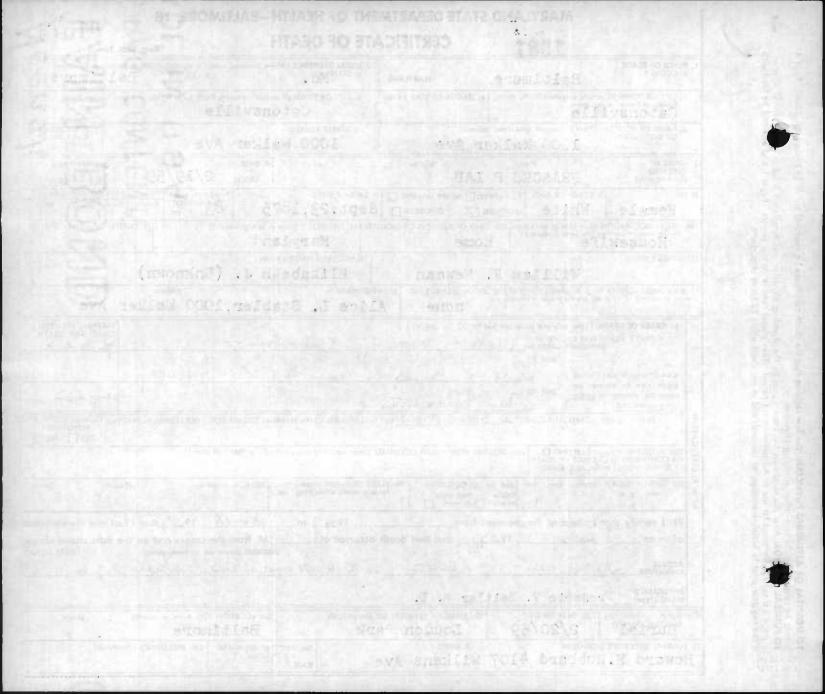
24b. REGISTRAR'S SIGNATURE

TO FUNERAL D VS A15 (4) 15M 10/57

the registrar poge

detached for

OR:



e. IS RESIDENCE ON A FARM?

YES NO M

Yeor

Carroll

Day

b. COUNTY

4. DATE OF

1582 director, death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed Baltimore MARYLAND Maryland uneral CITY OR TOWN (If outside carporote limits, write C. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 Fort Howard Westminster d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Veterans Administration Hospital 39 Liberty Street ond . = NAME OF DECEASED (Served As: First SCOTT LEATHERWOOD Middle filled _ (Type or print) Pages JOSEPH S. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX campletely Male White WIDOWED. DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II death. during most of working life, even if retired) Lumber Laborer ond 13. FATHER'S NAME Randolph Leatherwood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) attending Yes B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** SEVERE CORONAR permit. any Conditions, if any, which (b) has been signed gove rise to immediate DUE TO cause (a), stating the underond lying cause last burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH remayal. Diabetes Mellitus 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e Day, Year detached for use Hour a. m. Not while at work at work p. m 21. I certify that Aattended the deceased fram Februar de the contract of the contract of the de TOR: 0 ACTUAL prior TO FUNERAL O HOSPITAL the registrar CHIEN WEI LAN, M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER page REMOVAL (Specify)

2-28-59

Funeral Home

Pleasant

Westminste

Burial

8. DATE OF BIRTH 8/22/65 9. AGE (In years last birthdoy) 93 yrs. NDUSTRY 11. BIRTHPLACE (State or foreign country) Union Mills, Maryland 14. MOTHER'S MAIDEN NAME Mary Bowers 7. INFORMANT Addres AL INSUFFICIENCY Y ARTERIOSCLEROSIS	Manths 12. CI	Days TIZEN C S.A	ard,	Min. COUNTRY
NDUSTRY 11. BIRTHPLACE (State or foreign country) Union Mills, Maryland 14. MOTHER'S MAIDEN NAME Mary Bowers 7. INFORMANT Addres AL INSUFFICIENCY	12. CI U	TIZEN O	ard,	COUNTRY
Union Mills, Maryland 14. MOTHER'S MAIDEN NAME Mary Bowers 7. INFORMANT Address Address Adm. Hospital AL INSUFFICIENCY	U	.S.A.	ard,	va.
14. MOTHER'S MAIDEN NAME Mary Bowers 7. INFORMANT Addres Addres AL INSUFFICIENCY	ess	How	ard,	
14. MOTHER'S MAIDEN NAME Mary Bowers 7. INFORMANT Addres Addres AL INSUFFICIENCY	ess	How	ard,	
7. INFORMANT Address Lin.Records, Vets, Adm. Hospita AL INSUFFICIENCY		INT	ERVAL BE	
7. INFORMANT Address Adm. Address Adm. Hospital AL INSUFFICIENCY		INT	ERVAL BE	
AL INSUFFICIENCY	1,Ft.	INT	ERVAL BE	
AL INSUFFICIENCY		INT	ERVAL BE	
		THINS		DEATH
Y ARTERIOSCIEROSIS			SS T	
		0	ne n	our -
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PAR	RT I(a) 1	9. WAS A	
			YES 🔼	NO 🗌
RRED. (Enter nature of injury in Part I or Port II of item 18.)				
PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, office bldg., etc.)	(County)	EH	(State)
20 , 19 59 , to February 25 , 19 59	7.00	4,606	0000	0 10 0 10 4
ath occurred at 6:15 PM, from the causes or	nd on t	he do	te state	d abave
ADDRESS (Street, city or town, s				TE SIGNED
M.D			146	
VAH, FORT HOWARD, MARYI	AND		2/26/	59
Y OR CREMATORY 22d. LOCATION (City, town, or	county)		(State)
Valley Westminster 24c. REC'D BY REGISTRAR 24b. REGIST	Mary	land	i	
24o. REC'D BY REGISTRAR 24b. REGIST	RAR'S SI	GNATUR	RE	
200 m 0 100	thur	8 4	. e. A	
		- /4/20		

within 24 haurs

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

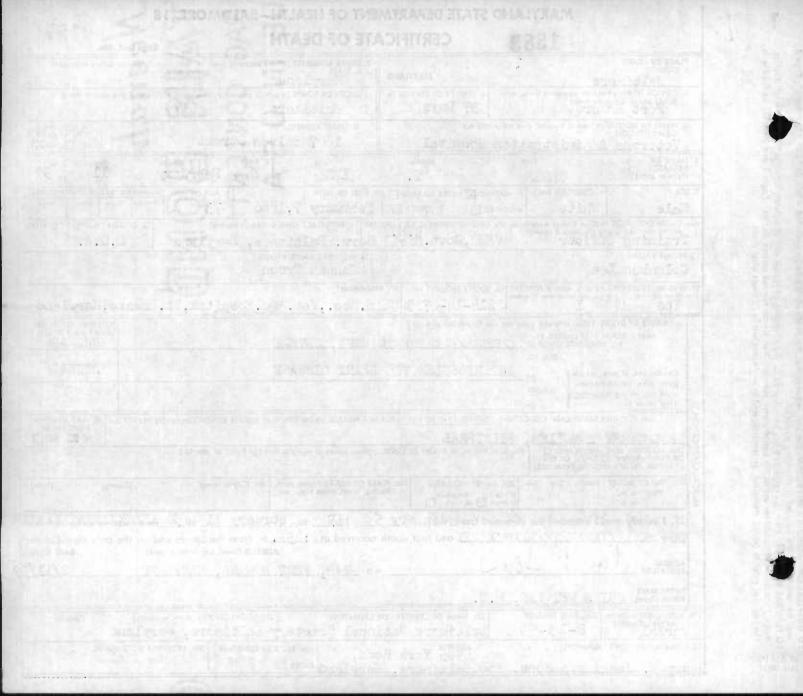
1583 **CERTIFICATE OF DEATH** 01575

2008	Keg. Dist. N	0.
1. PLACE OF DEATH G. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence bet a. STATE b. COUNTY	fore admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Fort Howard c. LENGTH OF STAY IN 1b 37 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n Baltimore (17)	cearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS 1607 Bolton Street	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print) JESSE T.	Lost 4. DATE Month OF DEATH February	Yeor 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	B. DATE OF BIRTH February 7,1886 9. AGE (In years IF UNDER 1 YEA	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done of the control of th	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME Columbus Lee	14. MOTHER'S MAIDEN NAME Hannah Tyson	
(Yes, no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address lin.Rec., Vet.Adm. Hospital, Ft. Howard,	,Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). CORONARY TNSUFF: 4200 DUE TO Conditions, if any, which) ARTERIOSCLEROTIC	ICTENCY, SEVERE	TERVAL BETWEEN VSET AND DEATH UNKNOWN UNKNOWN
gove rise to immediate couse (a), stating the under-lying couse last.	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY PUT MONARY EMBOLISM, BILATERAL, 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County foctory, street, office bldg., etc.)	r) (Stote)
21. I certify that attended the deceased from January COUNTY AND THE COUNTY ACTUAL SIGNATURE	th accurred at 8:115A. M. from the causes and an the discovered at 8:115A. M. from the causes at 8:115A. M	
PHYSICIAN'S NAME (Type) CHIEN WEI LAN, M.D.		
220. BURIAL, CREMATION, 22b. DATE THEREOF 2. NAME OF CEMETERY BUTIAL 2-13-59 Baltimore Na:	or CREMATORY 22d. LOCATION (City, town, or county) tional Cemetery Baltimore, Maryland	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE 4905 York Henry W. Jenkins & Sons, Inc. Baltimore,	Road, 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AT Mary and DATEFEB 1 3'59	

may be retaint to the haspital at attending physician.

2 FUNERAL D. AOR: After this certificate has been signed by the attending physician and campletely filled in by control director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR TO FUNERAL DI page 3 should 6 VS A15 (4) 1SM 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1487 CERTIFICATE OF DEATH director, iled with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY be filled MARYLAND death. Funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) P UNDA ofier d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ORNWALL hours 2 OD NAME OF First Middle DATE last Month filled DECEASED 24 (Type or print) DEATH within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months DIVORCED [WIDOWED D papers. executed cample 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. death. pup 13. FATHER'S NAME certificate be 14. MC physician 10 Mours remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAL 16. SOCIAL SECURITY NO. attending ease death 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Then **DUE TO** The law requires that è permit. Conditions, if any, which (b) has been signed gave rise to immediate **DUE TO** caese (a), stoting the underond lying couse lost burial-transit attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL remaval, CERTIFIE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter ached far use as the MEDICAL 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF IN Hour a.m. factory, street Not while 19 at work at work p. m. 21. I certify that I attended the deceased from alive an and that death accurr CTOR: def 0 þ ACTUAL prior may be retained TO FUNERAL 3 shoul HOSPITAL PHYSICIAN'S the registrar

22c. NAME OF CEMETERY OR CREMA

ADDRESS

IVERVIEW

-DUNDALK

NAME (Type)

page

VS A15 (4)

15M 9/55

0

220. BURIAL, CREMATION,

REMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

FUNERITL

01576

IS RESIDENCE

YES NO P

Year

19

Day

Days

Reg. Dist. No

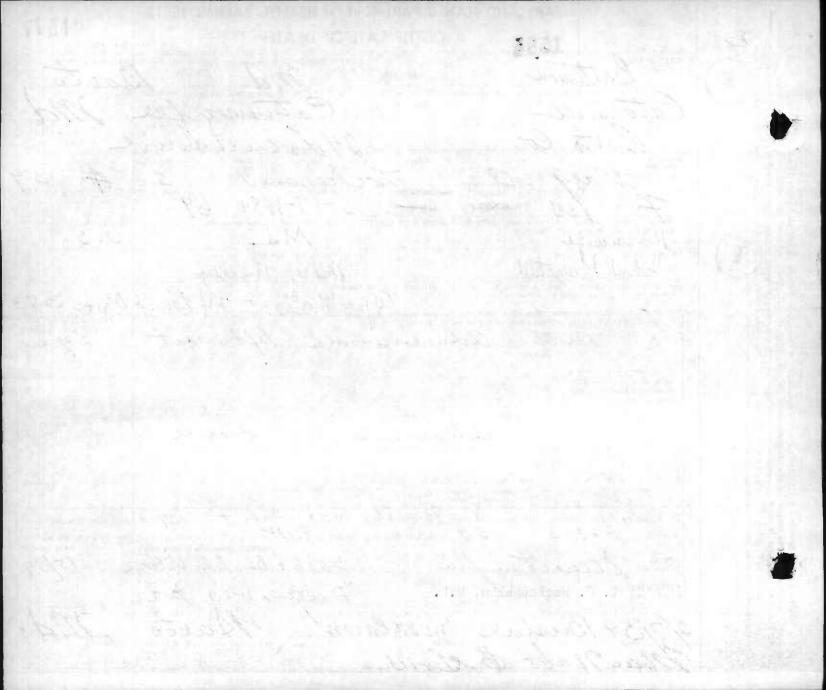
0/3/1883 /3yrs.	
BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11RGINIA	V.S.A
THER'S MAIDEN NAME	
ANNIE TOOMB	S
Address	\$
v 2 tuis 2950 C	ORNUALL RP
1	INTERVAL BETWEEN ONSET AND DEATH
emorrhage	Holays
TED TO THE TERMINAL DIFFACE COMPLYING	LIA BART VALUE MAS AUTORS
ITED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
ature of injury in Part I or Part II of item 18.)	
JURY (Hame, farm, t, office bldg., etc.)	(County) (State)
955, to 2-13, 1959,	that (last saw the deceased
ed at 7 Am M, fram the causes and	d an the data stated shows
ADDRESS (Street, city or town, sto	ote) DATE SIGNED
2 Kinship	2-13-57
BALTIMETE 2	2_
ORY 22d. LOCATION (City, town, or o	county) (State)
CEM RICH MON	O VA
24a. REC'D BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE
m) DATE FEB 1 7 '59 Cut	ing & thouse

	MARYLAND STATE DEPARTME
	and the second s
	man priming the state of the st
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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1584	CERTIFICATE	OF DEATH	Reg	g. Dist. No.	
o. COUNTY Pallingi		USUAL RESIDENCE (Where deceded a. STATE	b. COUNTY	esidence before admission	on)
b. CITY OR TOWN (If outside corporate limits, write c. I	LENGTH OF STAY IN 16	c. CITY OR OWN (If outside cor	porate limits, write RURAL	and give nearest tawn)	2
d. NAME OF HOSPITAL (If no in hospital, give street addr. OR INSTITUTION	ess)	d. STREET ADDRESS	of derin	e. IS RESIL ON A I YES	FARM?
3. NAME OF DECEASED (Type or print) Mary	Middle	honough DEAT		1	ear 9_3
6. COLOR OR RACE 7. MARRIED (WIDOWED E	NEVERSION INTED 8. DA	3-17-1889	9. AGE (In years law by 1) Mar	NDER 1 YEAR IF UNDER	R 24 HRS Min.
Oa. USVAL OCCUPATION (Give kind of wark dane 10b. KINE during most of warking life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	cauntry) 12	U. S.)UNTRY
3. FATHER'S NAME	14	Mary The	ley	MI TO THE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		es Merton -	24 Louis	- Brive -	28
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	of (a), (b), and (c).]	oma, left	breat	INTERVAL BET ONSET AND I	WEEN DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	SE CONDITION GIVEN IN	PERFOR	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Er	nter nature af injury in Part I ar P	art II af item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Haur a. m. 19 While at wark	Nat while foctory,	OF INJURY (Hame, farm, street, office bldg., etc.)	ity ar tawn)	(Caunty)	(State
21. I certify that I attended the deceased alive on 3		, 1958, to FM, from	n the causes and ar	the date stated	abave
SIGNATURE SCIENCE Lange	elen M.O.	4508 Edus	(Street, city or town, state)	ge 2/5/	159
PHYSICIAN'S D. C. MacLaughlin, 220. BURIAL, CREMATION, 226, GATE THEREOF 22.		Baltimore-			. 7
2 MAN Spacify Burial	c. NAME OF CEMETERY OF CRI	on 1	Late	M	1
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REG FEB 1 0		1 S. Kraus	



il director, filed with funeral 9 should 2

offer

death. Page

certificate

aftending

1. PLACE OF DEATH o. COUNTY Baltimore

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMO

b. COUNTY Beltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rea. Dist. No.

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) Halethorpe

Halethorne

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

3509 Washington Blvd

3509 Washington Blvd

DEATH

e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print)

5. SEX

GEORGE 10 LOTTERER 4. DATE

Feb.3.1959

Year 10

Male

White

6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED | DIVORCED [7]

B. DATE OF BIRTH Aug. 10. 1897

d STREET ADDRESS

9. AGE (In years birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Bullener working life, even if retired)

Southern Beef

Baltimore

12. CITIZEN OF WHAT COUNTRY?

3509 Washington Blvd

13. FATHER'S NAME

Herman Lotterer

14. MOTHER'S MAIDEN NAME

Mary C. Bunn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

17. INFORMANT Agatha

Address

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)

ONSET AND DEATH

DUF TO

Conditions, if any, which gove rise to immediate

couse (o), stating the underlying couse lost.

DUE TO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? YES NO ST

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Doy, Year 20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County) (State)

20c. TIME OF INJURY

Hour o. m. p. m

While Not while at work of work

factory, street, affice bldg., etc.)

(Stote)

alive an

21. I certify that I attended the deceased fram.

, and that death accurred at

1959, that I last saw the deceased AM, fram the causes and an the date stated above.

ACTUAL

PHYSICIAN'S NAME (Type

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY New Cathedral

Baltimore Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Howard H. Hubbard 4107 Wilkens Ave. 24a. REC'D BY-REGISTRAR DATE

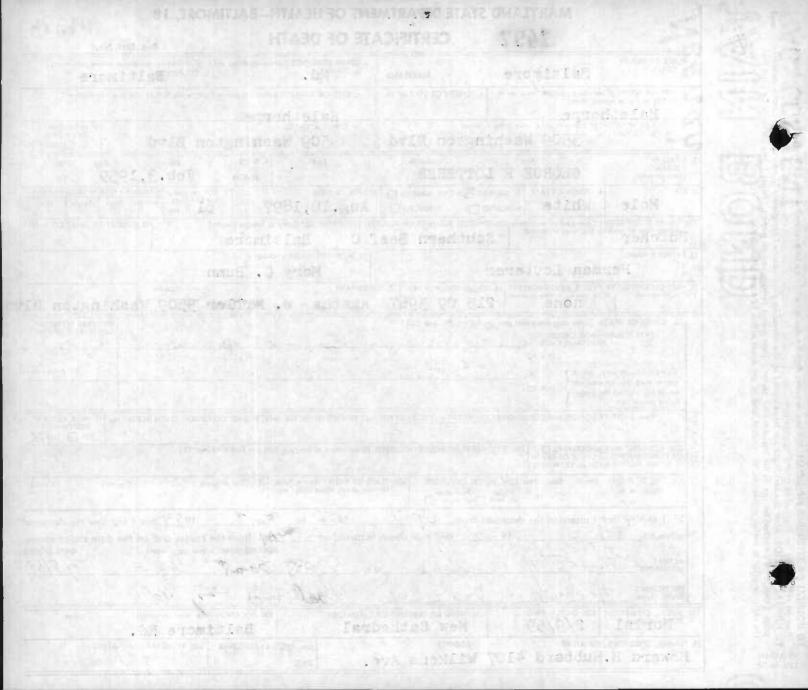
24b. REGISTRAR'S SIGNATURE

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FUNER

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page



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1. PLACE OF DEATH 2 US	
o. COUNTY	STATE b. COUNTY
DALITIONE	MARYLAND Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
FORT HOWARD 3 DAYS	WESTMINSTER 06x-2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d.	I. STREET ADDRESS e. IS RESIDENC
VETERANS ADMINISTRATION HOSPITAL	ROUTE 1 ON A FARM
NAME OF First Middle	Lost, 4. DATE Month Day Yeor
(Type or print) GROVER C	LYONS DEATH FEBRUARY 11 19 50
SEX 6. COLOR OR RACE 7. MARRIED KNEVER MARRIED 8. DATE	E OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
MALE WHITE WIDOWED DIVORCED JAN	NUARY 11. 1887 72 yrs. Months Days Hours Mir
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND-OF BUSINESS OR INDUSTRY 1)	
TRUCK DRIVER	
	MARYLAND U.S.A. MOTHER'S MAIDEN NAME
	MOTTER 3 MAIDEN NAME
RICHARD LYONS	JENNIE SHIPLEY
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	MANT Address
YES WW-1 220-26-5022 CLIN I	REC VET ADM HOSP FT HOWARD MARYLAND
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOS	ONSET AND DEATH
IMMEDIATE CAUSE (o) CURUNARI THROMBOS	15 UNKNOWN
, , , , , , , , , , , , , , , , , , , ,	
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stoling the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED?
CHRONIC OBSTRUCTIVE EMPHYSEMA & BRONCHIT	ris, Duration 4 Years YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORD OF CHRONIC OBSTRUCTIVE EMPHYSEMA & BRONCHIT 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er noture of injury in Port I or Port II of item 18.)
	E INTERPORTED TO THE TOTAL TOT
Hour o. m. While Not while foctory, st	FINJURY (Home, form, 20f. (City or town) (County) (States, office bldg., etc.)
21. I certify that VA ttended the deceased from February 8.	19 59 to February 11 19 50 the white
phicoscoccoccoccoccoccinacocc and that death accu	arred at 6:00 a M from the source and an Abraham Abraham
The second secon	ADDRESS (Street, city or town, stote) DATE SIG
ACTUAL CALL	The state of the s
SIGNATURE / Pleani M.D.	
PHYSICIAN'S WILLIAM S. KISER M.D.	WALL MADE HOLIADD MADELAND 0 23 C
	VAH, FORT HOWARD, MARYLAND 2-11-5
20. BURIAL, CREMATION, 220. DATE THEREOF. 22c. NAME OF CEMETERY OR CHEM	ATORY . 22d LOCATION (City, town, or county) (Stote)
Thereas 2/19/3/ Symuggelly	(Sylessell, Callolla, Me
B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Weer & Haight Sykesville Marvland	DATE FEB 1 7 '59 0 11 - 0 4

ofter deoth: Poge 4 by the haspital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, be detached for use as the burial-transi permit. Then please remave carbon papers. Pages I and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho the registror priar to buriol, cremation, or remaval, and in any event within 72 hours TO FUNERAL VS A15 (4) 15M 10/57

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and the state of t			2827	
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	EXPLIR SORM,		ALC: NO.	MARINE -
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0, x000,200 z=12-5p	W.C. VAR. ROSE FOULE	Est.)	T.E. HANDEL	
		beargow . at	Availed the letter	No You'll

cassary, please ctar. Page for files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01580

4408				Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	o. STATE Mary	_	nution: Residence before odmission) TY Baltimore Cit
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest loun) Dundalk 7 mor	of STAY IN 16	c. CITY OR TOWN (IF	- 100	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street 7405 Dunmanway	t address)	d. STREET ADDRESS 815 S. B	elnord Ave.	o, is residence on a farma yes \ no _
3. NAME OF First Mi (Type or print) Helen	iddle Ma.c	lost	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER A WIDOWED X DIVE		ov. 2, 189	9. AGE (In years low trushday) O yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roberts	Packng.		or foreign country) Land	12. CITIZEN OF WHAT COUNTRY
)3. FATHER'S NAME Unknown	1.	4. MOTHER'S MAIDEN N	nown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) If yes, give vot or dates of service) None	ity no. 17. info	Frances	D'Onofrio	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. (b) DUE TO (c)	Any -VL I	Occlu) isens-	sini-	INIERVAL BETWEEN ONSET AND DEATH
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCUS. Hour o. m. P. m. 19 Mile of work of work	le_ factory,	OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City or town)	(County) (Slole)
21. I certify that I took charge of the remains descapinion death resulted fram: Natural couses	Accident [, Suicide , H	lamicide, Undete	Inquiry and in my
EXAMINER'S M-B. DAVIS	Mi	A.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL DEPUTY MEDICAL E	L EXAMINER XAMINER	2/9/59
	Stanisla	aus	22d. LOCATION (City, town, Dundalk Av	e. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN J. DUDA 2829 Hudson St.	24. Mc	and the same of th	BY REGISTRAR 246. REGI	ISTRAIR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is reexecute the case, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be let arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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			Keg. D	ist. No.
O. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b, COUNTY Resider	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	52. CATONS	orate limits, write RURAL and	give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 9 L/SMCR	address) ELANE	d. STREET ADDRESS	RE LANG	ON A FARM? YES NO
NAME OF First DECEASED (Type or print) TOSEPHIN	Middle V. A	LOST 4. DATE OF DEATH	Month FEB.	Day Year
SEX 6. COLOR OR RACE 7. MARR WIDOWI		B. DATE OF BIRTH 1891 APRIL 30, 1869	9. AGE (In years last birthday) 674 Fff yrs.	Days Hours Min.
a. USUAL OCCUPATION (Give kind af wark dane 10b. during most of working life, even if retired)	HOME	ISTRY 11. BIRTHPLACE (State or foreign)		TIZEN OF WHAT COUNT
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOSEPH X	COMANAS	VICTOR	1 A	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. et. no. or unknown) [If yes, give war or dates of service]	SOCIAL SECURITY NO. 17.	S. Veresit Dalfon	Address 40 - 1909 Less	siery Jane
IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ARTERIO SC	CEROSIS		15 YR
PART 11. OTHER SIGNIFICANT CONDITIONS (PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 1 206. DESI OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ERIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Pa	rt II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While p. m. 19	Not while fo	LACE OF INJURY (Home, farm, 20f. (Citatory, street, office bldg., etc.)	ty or town) ((County) (State
21. I certify that I attended the deceas alive on Feb 2 19.		h accurred at \$1.39AM, fra	m the causes and on the street, city or town, state)	
PHYSICIAN'S HERBERT	W. LA	PP BA	HTIMORE	29 /1/
REMOVAL (Specify), 3-3-59	22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCA	ATION (City town, or county)	nd.
FUNERAL DIRECTOR'S SIGNATURE Forly French House.	Caronell	DATE MAR 5	STRAR 24b. REGISTRAR'S SI	

may be related by the haspital or attending physician.

O FUNERA

RECTOR: After this certificate has been signed by the ottending physicion and completely filled for the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Ogges 1 and 2 should be filled with the registrar prior to buriol, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERA VS A15 (4) 15M 9/55

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TO HOSPITAL O TO FUNERAL

VS A15 (4) 15M 10/57

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01582 Reg. Dist. No.

1587	CERTIFICATE	OF	DEATH

1.	PLACE OF DEATH o. COUNTY		timo	re	MAR	YLAND	2. USUAL RES	2.0	ere deceased	l lived. If instituti b. COUNTY	No.	nce before		
	b. CITY OR TOWI	V (If outside corpo		MA - 1-	c. LENGTH OF STAT	/ IN 16	c. CITY OR		The same of the same	rote limits, write f	major No.	make William A	The New York	<u></u>
T		ikesvil	70				XRural	Pi	Logn	ille 8.	Md			
	d. NAME OF HO	SPITAL (If not in he		e street	oddress)		d. STREET		ACS V	1110 09	LICLA		. IS RES	IDENCE
	OR INSTITUTIO	N				-	200	'haan a'	Ton	0			ON A	FARM?
-	NAME OF							hurch		<u>e</u>			IE2	NO LA
3.	NAME OF DECEASED		First		Middle	е	to	ost	4. DATE OF	Mor	ith	Day		Year
	(Type or print)	Gertru	de		Evelyn		Maglid	lt_	DEATH	Februa	ry	23	9	19 59
5.	SEX	6. COLOR O	R RACE 7	MARR	IED NEVER MARR	IED 🔲	8. DATE OF BIRT	гн		9. AGE (In years last birthday)				
1	Temale	Whit	e v	VIDOWE	DIVORC	ED 🔲	April	13.18	392	66 yrs.	Months	Doys	Hours	Min.
	. USUAL OCCUPA	TION (Give kind	of work do	ne 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP				12. CI	TIZEN OF	WHAT	COUNTRYS
	during most at v	vorking lite, even i	f retired)		C									
13	FATHER'S NAME	J.C. I			Gamsey C	0.	14. MOTHER	rylar				J.S.	A.	
10.	THE STATE													
		Les A.						zabet	ch Bo	ckman				1994
	was DECEASED I s. no. or unknown)	VER IN U. S. ARM			SOCIAL SECURITY NO). 17. H	NFORMANT			Piked	will vill	e 8	. M	d.
	No	None		2	17-26-17	56 M	r. Edg	ar M.	Mag	lidt. 2	02 (hur	ch '	Lane
	18. CAUSE OF I		y one cous	e per lin	e for (o), (b), and (c)	.1							RVAL BE	
		EATH WAS CAUS	ED BY:	1.1			E	1 .	0.11					DEATH
	581,0	IMMEDIATE C			emorrh	290	1-300	uag	cas	larices	-	-	2-3	40415
			DUE TO	-		-	E 1 2							
	Conditions, is gove rise to		(b)_		irchesis	6	Fhi	18.1					14%	7
	couse (o), stati		DUE TO											
	lying couse lo		(c)_											
NO NO	PART II. (OTHER SIGNIFICAL	NT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS	AUTOPSY
F	The second												PERFO	RMED?
E	20g. ACCIDENT	WAS UNDERLYING	3 [2	Ob. DESC	CRIBE HOW INJURY	CCURRED	/Fotos potuso	of injury in P.	ort I or Port	II of item 18)			IE2	но 📓
L CERT	(IF EITHER, NOT	WAS UNDERLYING NG [] CAUSE OF FY MEDICAL EXAM	DEATH AINER)			CCORRED	, temes notore s	or unjoy in the	011 7 07 1 011	ii oi nem io.,				
2	20c. TIME OF IN		ay. Year		JURY OCCURRED	20e. PLA	CE OF INJURY	(Home, farm,	20f. (City	or town)	- (County)		(State)
MEDI	Hour o. r		19	While of work	Not while of work	100	tory, street, offic	e blag., etc.)						
-			1.4		-4 /	7	7 12	5 /	- /	and me	2		-	
		1 4-1	ed the d	lecease	ed from 14/1	1	193	≥, to	CD. 5	13/1/ 1957	_,that I	last sav	w the	deceased
	olive on	20 23		, 182	Y_, and that	deoth	occurred at	3 P.	_M, from	the causes of	and on t	he date	e stote	d abave.
	()		6	7, 1	(1) (D)			A	DDRESS (Str	eet, city or town,	state)		D/	TE SIGNED
	SIGNATURE	211031	8. /	HAL	14/ 300	' '	M.D	331	Pois	terstow.	4 PS		2	2575
	//									. /	2	7		
	PHYSICIAN'S/ NAME (Type)	James	A. M	177	er.M.D.			PIK	esvil	10. P.H	ul			
220	BURIAL CREMA	ION. 22b. DATE	THEREOF		22c. NAME OF CEM	ETERY OF	CREMATORY				.2-3			
T	REMOVAL (Speci	fy)		050		-			que,	ION (City, town,	3	,	(Stote	2
22	EUNERAL DIRECTO	IF eb	20,1	959	Loudon	Par	k Ceme	tery		ltimore	-	lary.		d
45.	V 2	S SIGNATURE		7	ADDRESS	- 0	1	24a. REC'D	BY REGISTE	RAR 24b. REGIS	TRAR'S SI	GNATURE		
4	ranke	H. Mess	SPR	17	beserel	Ve 8	Dard.	DATE	0 00	Core	nun 📥	GE-MAN		

47. MINING FOR STATE LOSS DEATH

funeral director, uld be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or attending physician. TO HOSPITAL OR TO FUNERAL D

MARTLAND	CEDTIEIC	ATE OF DEATH	1—BALIMOKI	c, 10	01583
1588	CERTIFICA	AIE OF DEATE	1	Reg. Dist. t	No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Mary	lere deceased lived. If instance b. COL		
b. City OR TOWN (If outside carporate limits, write RURAL and give negrest lawn) .	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	outside carporate limits, w	rite RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1432 Darting	outh Road	d. STREET ADDRESS 1432 Dar	tmouth Roa	ıd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mr. John M.	Marchs:	teiner	4. DATE OF DEATH FE	Month bruary 2	Doy Yeor 2nd 19 59
5. SEX 6. COLOR OF RACE 7. MARRI male white WIDOWEI	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH July 15, 10	890 9. AGE (In y last bight		AR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Maintenance Man	KIND OF BUSINESS OR INDU	0 1	ar fareign country) re, Maryla	and 12. CITIZEN	USA COUNTRY
13. FATHER'S NAME Freidoline Marchstein	ner	14. MOTHER'S MAIDEN N Anna Tre			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give wor or dates of service)	1	rs. Florence	e E. March	Address esteiner,	, same
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost. (c)	e for (a), (b), and (c).] Conchagen	ic Caro	cinoma	10	NTERVAL BETWEEN INSET AND DEATH A Y C A V S
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	N GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II al item 1E	3.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. White at wark	Nat white ta	ACE OF INJURY (Home, larm ctary, street, affice bldg., etc.	20f. (City or tawn)	(Caun	ity) (Stale)
21. I certify that I attended the decease alive an 30, 195 ACTUAL SIGNATURE Charles PHYSICIAN'S CHARLES PHYSICI		Baltimo	AM, from the caus ADDRESS (Street, city or to	ses and an the diawn, state) Blvd. aryland	DATE SIGNED 2/2/59
REMOVAL (Specify) 2/5/59 23. FUNERAL DIRECTOR'S SIGNATURE	100 1 110	morial Park	Balt	imore, M	aryland
Leonard J. Ruck 5305	Harford Roa	1 11 - 1		REGISTRAR'S SIGNA	TUKE

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1747 19		And Development
	Prince Association	
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MARYLAND STATE DEPART

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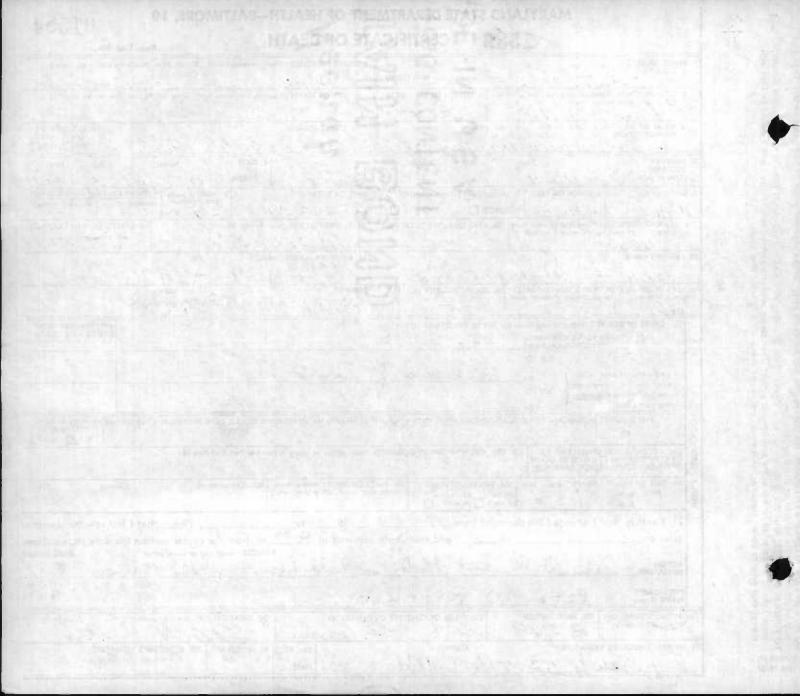
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1589 CERTIFICATE OF DEATH

Reg. Dist. No.

n1584

	nugs with two,
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY CARLETTER DECEMBER 1997
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BURAL and give nearest town)	2 V
(JU)N63 MILLS 25 125	DHAIMORE SVOI-4
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
NOSEWOOD STATE IRAMING SCHOOL	2102 CUERGREEN HUEHUE YES NOW
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) - JOHN	MARTOCCI DEATH FERRUARY 3 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ATALE WHITE WIDOWED DIVORCED	6-19-29 Jast birthday) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	MARGINALA W. C.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN E MARTOCCI SR.	
	CARMEL STAMPONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of unknown) (If yes, give wor or doles of service)	INFORMANT Address
110	NOSEWOOD NECORNS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Penitouit	ONSET AND DEATH
582X DUE TO	
Conditions, if ony, which) the Abs cess of	Pine
gove rise to immediate	
couse (o), storing the under-	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
2000. ACCIDENT WAS UNDERLYING 2016. DESCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while of work of work	ictory, street, office bldg., etc.)
	1
21. I certify that I attended the deceased fram.	19, ta, 19, that I last saw the deceased
alive on, 19, and that deot	n occurred at 12 M, from the causes and on the date stated above.
0110000	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE CEL W. Reelect, M. W.	MD. Varlologist 4307 Maintield Olive
PHYSICIAN'S Dad 1.1 12 12	2'-3-1959
PHYSICIAN'S Peter W. Rieck	ert
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, towns or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
T. J. Buch 5305 Horlad Rd.	DATE FEB 5 '59 ariling S. Flowers



director death. Page papers. 0 and aftend d signed per burial-transit OR ā 3 shauld FUNERAL

death

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VS A15 (4)

15M 9/58

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VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1591 CERTIFICATE OF DEATH 1591

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	eltimore		MARY		a. STATE	ICE (WH	nere deceose	d lived. If institut b. COUNTY		nce befo	re admissi	on)
b. CITY OR TOWN (If of RURAL and give near Parkvi	outside corporate limits, est tawn)	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV			prate limits, write	RURAL and	give neo	rest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give At home		ddress)		d. STREET ADDRESS 2516 Hillcrest Ave						FARM?	
3. NAME OF DECEASED (Type ar print)	Augusta C	Matt	Middle es		Last		4. DATE OF DEATH	Мо		Da		reor
s. sex Female	6. COLOR OR RACE 7		D NEVER MARRIE		anuary	। द ा	ยดอ	9. AGE (In years last birthday) 67 yrs.	IF UNDER	Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of working Seamstress	(Give kind af work dor		IND OF BUSINESS O		11. BIRTHPLAC	E (State			12. CIT	IZEN OF	WHATC	OUNTRY
13. FATHER'S NAME	Henry Matt	es		1	4. MOTHER'S MA	AIDEN N	EVE	a Amen				
1S. WAS DECEASED EVER I	N U. S. ARMED FORCE yes, give war or dates of servi	S? 16. SC ce) 21:	2-07-0076	A WY	RMANT S Louise	e Bu	nce 2	516 H ill	crest	Ave		
PART I. DEATH LACK AND	mediate (M	yoear seula	4,4	1 to Hypi Defi	er	Ten	18/10m			ERVAL BE	
PART II. OTHER	R SIGNIFICANT CONDIT	TIONS <u>CO</u>	NTRIBUTING TO DEA	ATH BUT NO	T RELATED TO TH	IETERMI	NAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED? NO
200. ACCIDENT WAS OR CONTRIBUTING D	CAUSE OF DEATH	ъ. DESCR	18E HOW INJURY O	CCURRED. (Enter nature of in	jury in	Part I ar Por	t II af item 18.)	16			
Y 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJ While at work	URY OCCURRED Nat while at wark	20e. PLACE foctor	OF INJURY (Hor y, street, office bl	me, farm dg., etc	20f. (City	or town)		(County)		(State
21. I certify that alive an Actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	719.5	F.		Biltim		ADDRESS (S	the causes at treet, city or town	nd an th		stated	abave E SIGNE
Durian 23. FUNERAL DIRECTOR'S		4070	Moreland PAPPRESS Da	-	24	la. REC'	Bal D BY REGIST	timore (ISTRAR'S SI	GNATU	RE	
Ultrich Fun	neral Home	4210	Belair Ro	ad	D	ATEFE	B 1 9 '5	9 a	Thun S.	trav	u	

3° AT THE OWNER OF THE PROPERTY AND ASSESSMENT OF THE PARTY. AFFECT CONTRACTOR Love sage to the a self to the base of the same Carlot the Wall of the tent of

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oge es.	(A	R

MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recover, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral secretaries of a second with form PM3. Page 5 may be retained at Directors: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B gnoted agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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PUTY	tote th	pino	FUNERA	See alman
TO DE	execut	4 sh	TO FU	
	. A1 W 2			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CER

IIFICALE OF DEATH	Pan Dist No (1158)	1
	Reg. Dist. No.	•

0 4 - CW

	LACE OF DEATH	-7±4			2. USUAL RESIDENCE		sed lived. If institu		nce before admission)
-		altimore		MARYLAND	o. STATE Mary.	rand			
Ь	ond give nearest lower Hil	t autside corporate fimits, write	• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (porote limits, write	RURAL ond	give nearest town)
				2 days	Balt:	imore	3	V01-	4
d				pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	1345 I	artmouth A	ve.		1927	Alice	anna St.		YES NO
	NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mont	h	Day Year
-	Type or print)	VICTOR		MAZEI	RSKI	DEATH	Fehr	jary 8	1950
5, 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I	YEAR IF UNDER 24 HRS.
1	Male	White	WIDOWER	DIVORCED [May 1890		68 yrs.	Months D	Pays Hours Min.
10a	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	dane 10b. K	IND OF BUSINESS OR INDUST		e or foreign		12. CITIZ	EN OF WHAT COUNTRY?
a		epairman	B	& O. RR.	Poland			121	ISA.
13.	FATHER'S NAME			a co inti	14. MOTHER'S MAIDEN	NAME			,0,71
	Michae	el Mazerski			07		300		
	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17, IN	Clara Sos		Address		
Yes.	No. or unknown)	(If yes, give war or dates of	tervice) 7	05-12-5406 30	sans mas	ersk	11345 K	artr	nouth are
		TH [Enter only one ca			0				INTERVAL BETWEEN
		THE WAS CALLEED BY							ONSET AND DEATH
	07	IMMEDIATE CAUSE (o	Aspny	xia due to har	iging				
	7/4%	DUE TO							
	Conditions, if a		L						
	(o), stoting the								
	couse lost.) (c							,
NO.	PART II. OTI	HER SIGNIFICANT CON	DITIONS CC	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19, WAS AUTOPSY PERFORMED?
3									YES NO
CERTIFICATION	20a. EXTERNAL CAPRIMARY OF CO	NTRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Pa	ort I or Port I	of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Ye	While		CE OF INJURY (Home, for ory, street, office bldg., et	m. 20f. (Cit	y or lown)	(Coun	ity) (State)
Oi	21. I certify th	hat I taok charge	af the r	emains described aba	ve, held an Autop	sy [],	nspection .	Inquiry	, and in my
				auses . Accident [rmined m	anner 🗌
	ACTUAL SIGNATURE(O harle	oS.	Petty.	M.D. CHIEF MEDICAL E	None.			DATE SIGNED
	EXAMINER'S NAME (Type)	harles S. 1	Petty		DEPUTY MEDICAL		SERVE .		
220	BURIAL (Specify	2 2/11/5	9	22c. NAME OF CEMETERY OR HOLY ROSE	CREMATORY	BO BO	ITION (City, town,	or county)	(State)
23.	WM , S, F	s signature calkowske	i 200	7 Eastern		EB 9		TRAR'S SIGN	Later .

AMPRICAL EXAMINERS CERTIFICATE OF DEATH semeral. Carried to the sufficient of t

TOR STATE

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	Balto.		MARYLA	- 11	a. STATE			. If institution in the country	on: Residence before	admission)
	b. CITY OR TOWN (III		its. write	c. LENGTH OF STAY IN			Md.	side corporate lis	mite weite P	Balto. URAL ond give near	ast town)
	RURAL ond give ne				5	· · · · ·	onsvi	The same of	milia, withe K	DARE ONG GIVE HEGH	estitowny
	d. NAME OF HOSPIT		give street o	oddress)		d. STREET AD		тта			IS RESIDENCE
	OR INSTITUTION	Osborne 1	Ave.			1 6	Ochor	ne Ave			ON A FARM?
	3. NAME OF	Fi Fi		Middle		Lost	1	. DATE	Mon		
	(Type or print)	VIRGI		M. Mc	ALLI	STER		OF DEATH	Feb	/	Yeor 19
3	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AG	E (In years t birthday)	IF UNDER 1 YEAR	
	F	W	WIDOWE	DIVORCED	- Au	ig. 25	,1877	7 81	yrs.	Months Days	Hours Min.
ń	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. 1	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State or	foreign country)		12. CITIZEN OF	WHAT COUNTRY?
	Housek		'	Home		Per	nn.			10	
1	13. FATHER'S NAME				1.	. MOTHER'S N	AAIDEN NA	ME			
1		Francis I	larsh	all			Susar	Noel			
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16. S	The same of the sa	17. INFO				Addr	ess	
	(Tes, no. or onenown)	If yes, give wor or dates of	ervice)		Mrs.	Grace	e Dor	sey 6	Osbo	rne Ave.	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (a), (b), and (c).]	3/	Vascu	/dr	Acc;	dent	INTER	VAL BETWEEN T AND DEATH
	Conditions, if or gove rise to in	mediate ()	Christe	h 2	1eft	10V	Heart	Ext.	remity	
	lying cause lost.	ne <u>Under-</u>	:)	Dicho	Fi	JA	27/	tus			
	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	RELATED TO T	HE TERMIN	AL PISEASE CON	DITION GIV	EN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
)	3			(FEHZY	2/12	PE	HY	Terio.	50/2	YOSKS .	YES NO
j	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of i	injury in Par	t I or Part II of	item 1B.)		
	20c. TIME OF INJURY Hour a.m., p. m.	Month, Doy, Ye	ar 20d. IN While at work	Not while	e. PLACE factory.	OF INJURY (Ho street, office b	ome, form, oldg., etc.)	20f. (City or tov	vn)	(County)	(State)
	21. I certify the	at I attended the	decease	ed from		19.26	ta	2/1/5	1/9	,that I last say	v the deceased
	alive on	3/1/59	1_, 19	and that d	eath ac	curred at.		M, from the	causes a	nd an the date	
	ACTUAL SIGNATURE	2/612	S	half	M.D.	12	03	Frad	ari (K Rd	DATE SIGNED
1	PHYSICIAN'S NAME (Type)	W.E	m	16 Frath		09	ton.	syill	221	end	2/3/5
	22a. BURIAL, CREMATION	, 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR CR	EMATORY	2:	2d. LOCATION (City, Iown, o	er county)	(State)
	REMOVAL (Specify) Burial	2-4-59		Cathedr	al C	em.	200	Ba	lto.	Md.	
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			4a. REC'D	BY REGISTRAR	7	TRAR'S SIGNATURE	
	Farley 1	Tuneral F	Tome	Catonsvil	le M	d. c	ATEER!	5 '59	Oct	and & france	

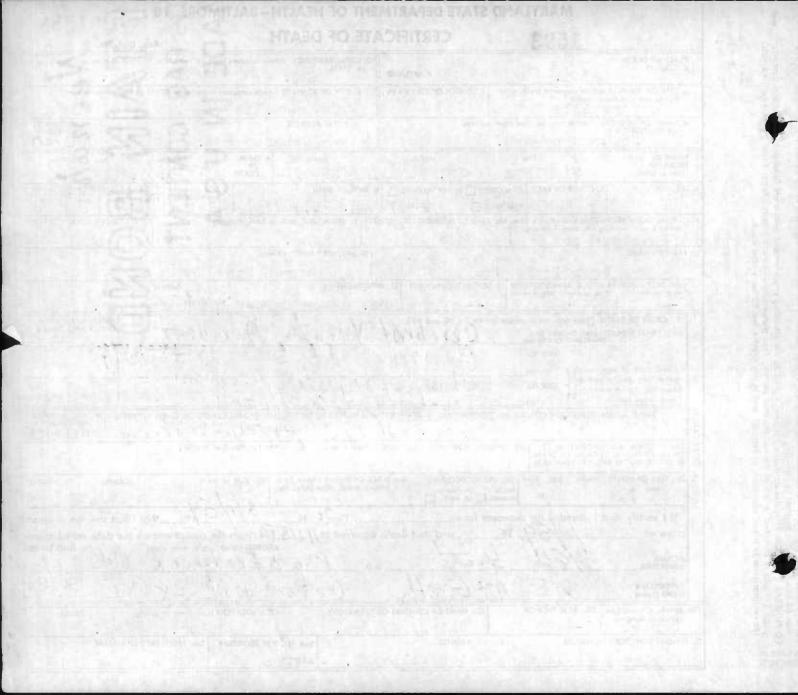
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retaint for the haspitol or attending physician.

O FUNERAL DIACTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 the registror priar to buriol, crematian, or remaval, and in any event within 72 hours ofter deoth. TO HOSPITAL OR TO FUNERAL DI

uneral director, ld berfited with

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TEOR

CERTIFICATE OF DEATH

Reg. Dist. No.

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- 1			7.1						wan. Di	11. 110.	
	1. PLACE OF DEATH o. COUNTY Ba	lto.		MARYLA		USUAL RESIDENCE (Vo. STATE	Where decease	ed lived. If institut b. COUNTY			mission)
	RURAL and give ne	outside corporate limi arest town) 1to 29	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (III		orate limits, write f			lown)
3	OR INSTITUTION	At (If not in hospital, g				d. street address 5219 Garmouth Rd. e. Is residence on a farm? YES NO [
	3. NAME OF DECEASED (Type or print)	Fir JOHN		Middle TODD	1/	Lost CNALLEY	4. DATE OF DEATH	Mod	eb.	Doy 28.	Year 1959
	5. SEX male	4	7. MARR	RIED NEVER MARRIED	□ B. C	ATE OF BIRTH		9. AGE (In years last birthdoy) 50 yrs.	IF UNDER Months		NDER 24 HRS.
	doring most of work	N (Give kind of work ing life, even if retired		KIND of austress of reuit Court	NOUSTRY			country)	12. CIT	IZEN OF W	AT COUNTRY?
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
1	John P. M		45.73			Mary	Nugent	t			
1	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT	A	Add	dress		
	no	\			Mrs	. Helene W	Villiam	1s - 5219	Garmo	outh R	d.
	581.0 Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	the under-)	PROCE OMIN							ND DEATH
	20g. ACCIDENT WA	S UNDERLYING [CRIBE HOW INJURY OCC					VEN IN PART	PE	RFORMED?
	OR CONTRIBUTING	CAUSE OF DEATH									
	Y 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Not while k of work	De. PLACE factory	OF INJURY (Home, for , street, office bldg., e	rm, 20f. (Cit	y or town)	(0	County)	(Stote)
	21. I certify the	at I attended the	deceas	ed from. 7/	/	_, 1957, to	7/2	P 195	2,that I I	last saw t	he deceased
	alive on 1	200g	196			curred at \$10	ADDRESS (S	- /	and an th		
	PHYSICIAN'S NAME (Type)	OhNB	1.5	how M.	1.	BAL	1	28,	12.11	/	-/-/
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETE			11574	TION (City, town,	or county)	(:	Stote)
	Burial 23 Juneral Director's	SISTATURE	1-9	New Cath	Bal		C'D BY REGIS		ISTRAR'S SIC	1 1	
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Wiedefeld & Son Greenmount Ave & 22nd St Balto Md

159	6 CERTIFICA	ATE OF DEATH	Rej	g. Dist. No.		
1. PLACE OF DEATH . o. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY				
 CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) 	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURAL	ond give nearest town)		
FORT HOWARD	9 HRS:55 MIN.	BALTIMORE		3401.4		
d. NAME OF HOSPITAL (If not in hospital, give st		d. STREET ADDRESS		e. IS RESIDENCE		
VETERANS ADMINISTRATIO	N HOSPTPAT.	3838 SINCE	ATR LANE	ON A FARM? YES NO TY		
3. NAME OF First	Middle	Lost	4. DATE Month	Day Yeor		
(Type or print)	מ כייתם	MERRIFICIAD	DEATH February	13 19 59		
		8. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HR		
* * * * * * * * * * * * * * * * * * * *	OWED DIVORCED OF		1906 lost birthdoy) Mon			
Male White WID	344			2. CITIZEN OF WHAT COUNT		
during most or working life, even if refired)						
TABORER 13. FATHER'S NAME	CONSTRUCTION	BUCKSPORT,		U.S.A.		
13. FATHER 5 NAME	SELVEN	14. MOTHER'S MAIDEN N	IAME			
William F Merrifield		Caroline D	Rich			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address			
Yes WW-1	579-07-2421 C	LIN REC VET	ADM HOSP FT HOWA	ARD MARYLAND		
18. CAUSE OF DEATH [Enter only one couse p	er line for (o), (b), and (c).]			INTERVAL BETWEEN		
PART I DEATH WAS CAUSED BY						
23 / V IMMEDIATE CAUSE (o)	CEREBRAL HENUS	OTATIACTE:		17 days		
DUE TO	000000000000000000000000000000000000000					
Conditions, if ony, which (b)		519		11. 1. 1.		
gove rise to immediate couse (a), stating the under-						
lying couse lost. (c)		CHARLE				
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIO	GARGENOVA BOST	THE PARTY		PERFORMED?		
	CARCINOMATOSTS DESCRIBE HOW INJURY OCCURRED		Port Lor Port II of item 18.)	113 MA NO		
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	· · · · · · · · · · · · · · · · · · ·	o. (cine) natore or injery in t	011 01 1011 11 01 11011 10.1			
	= 2 "			110		
- 1	Od. INJURY OCCURRED 20e. PL/	ACE OF INJURY IHome, form tory, street, office bldg., etc.	, 20f. (City or town)	(County) (State		
p. m. 19 of	work of work					
2) I contife th WA attended the dece	Teh who party	1.2 (1050)	1455 P.M. CO			
21. I certify that attended the dec	eased from a contractly	TOP TOP OF	ruary_13, 19_22200			
MUDED CO GO CO	DECEMBER and that death					
(1. 11/-1.			ADDRESS (Street, city or town, stole)	DATE SIGN		
SIGNATURE YUU Y NII	A	M.D. VA Hospita	al, Ft. Howard, M	10. 2/11/50		
			-2,-236-20000000000000000000000000000000000	ASARSE JE SHIFE JEJ		
PHYSICIAN'S NAME (Type) CHIEN WET LAN	M. D.	TTA TTo made .	To The Marmand N	0/11/60		
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		Al Ft. Howard, M			
REMOVAL (Specify)	Crack the state of		22d. LOCATION (City, town, or cou			
Burial 2/1/5	/ BALTIMORE NAT:		BALTIMORE MAI			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE		

DATE FR 1 6 '59

O HOSPITAL O TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be retaine the hospital or attending physician.

O FUNERAL DI OR: After this certificate has been signed by the attending physician and completely filled in page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death. moy be retoine TO FUNERAL DI TO HOSPITAL O VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7	1597	CERI	IFIC	AII	E)F I	DEA	1111	Reg. Dist	. No		
	1. PLACE OF DEATH				2.	USUAL	RESIDENC	E (HOME) OF	ECEASE	D		
	COUNTY Balto.		MARYLAND		STATE Md. COUNTY Balt					0.		
	CITY (Il outside corporate limits, write RURAL OR end give nearest town) TOWN OWINGS MILLS		LENGTH OI (In this p	F STAY	×			ete limits, write RURAL gs Mills	end give ned	rest town)		
0	HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrison F(orest F	ld.		1	STREET	Garr	(If rural g	ive location)			
	3. NAME OF (First)	(A	(iddle)		(Last)			4. DATE (M	onth)	(Dey)	(Yea	ir)
	(Type or Print) WILLIAM		C.		MERI	Z		DEATH	Feb.	19	9 10	59
	S. SEX 6. COLOR OR 7. SIN	IGLE, MARRIED),	8. DATE	OF BIRTH	The sales	9.	. AGE last birthdey	IF UNDE	R 1 YEAR	IF UNDER	24 HRS
	male white (Sp	powed, DIVO	ried	Oct.	21,	1882		76 yrs.	Months	Days	Hours	Min.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Md.			1:	12. CITIZEN OF WHAT COUNTRY?		
I	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				125-53						
ı	unknown			Mary (unknown))			
۱	15. WAS DECEASED EVER IN U. S. ARMED FORCE		SOCIAL SECT	URITY NO.		17. INFO	RMANT & AC	DORESS OW	ings	Mills	S.	Rd
۱	(Yes, no, or unk.) (If Yes, give wer or dates of ser	vice)	Mrs. Bert		Berth	ha A. Mertz - Garrison F			0	est		
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							ONSET AND DEATH				
ä	420, / IMMEDIATE CAUSE (A)	Core	nary	Threr	nbos	is				CL	hrs	3 .
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Arte		clerot				scular D	is.	10	yrs	3.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ig 🏏			UL III	er y	OTALL	C.I.		4	mos	
	19a. DATE OF OPERATION 1-16-59 19b. MAJOR FINDINGS OF OPERATION Carcinoma of urinary bladder 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (Cour (FETTHER, NOTIFY MEDICAL EXAMINER)						20. AUTOPSY? YES NO X					
							(Cou	ounty) (Stete)				
	2Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while at work 21f. HOW DID INJURY OCCUR?											
	22. I hereby certify that I attended the deceased from October, 19.52., to Feb. 19, 19.59, that I last saw the deceased											
1	alive on 2-2 19.59	, and i	hat death	occurred a	at8	AM, fi	om the ca	uses and on the	date state	d above	e. DATE SI	
103	m E Strakel			1	18 M	ain		eisterst		(0 ± 10	2 70) [
5	23. BURIAL, CREMATION, DATE THEREC)F	NAME OF	CEMETERY OF	•			LOCATION (City, tox		()	(S	itete)
200	Burial 2/23/	59	Lond	lon Par	rk Ce	em		Baltimor				1
	24. REC'D BY REGISTRAR REGISTRAR'S		2000	nuss a Cis			PIRECTOR'S S		5 / 1	ADDRESS	16	non
	DATE FEB 2 0 '59 Tothur &	Kraus			3/	Vm	· / ~	Sickus	X Y	our	- Ra	my)
							1/				1 1	IU

CERTIFICATE OF DEATH

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	to wanted the state of the		TOTAL CONTRACT OF

01593

e. IS RESIDENCE ON A FARMI

12. CITIZEN OF WHAT COUNTRY

MARYT.AND

3 YEARS

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO NO

> > (Stote)

DATE SIGNED

U.S.A.

(County)

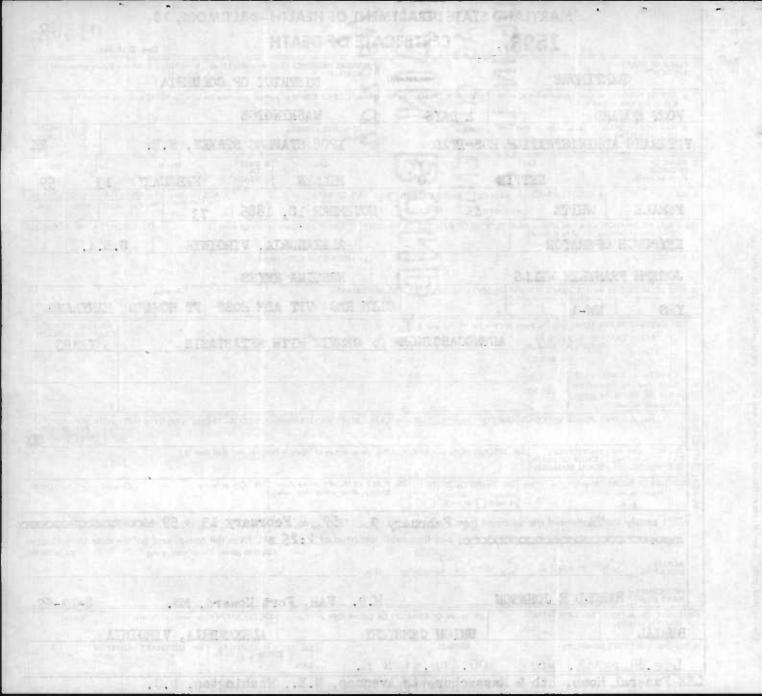
YES NOW

Year

1959

VS A15 (4) 15M 10/57

Lee.Funeral. Home 300.4th.st N E. LEE Funeral Home, 4th & Massachusetts Avenues, N.E., Washington, D.C.



15M 10/57

DAFAA

FIC/	ATE OF DEATI	Н		Reg. Dist. N	11024
AND	2. USUAL RESIDENCE (WI	here deceased live			
N 1b	c. CITY OR TOWNAIT	outside corporate l	imits, write RUR	AL and give	
Rd.	d. STREET ADDRESS	Phi	1 R	/	e. IS RESIDENCE ON A FARM? YES NO D
7 S	Mahr	4. DATE OF DEATH	Manth	6	Doy Year
	B. DATE OF BIRTH Sent. 9 18	9. A		UNDER 1 YE	AR IF UNDER 24 HRS. s Hours Min.
R INDU	STRY 11. BIRTHPLACE (Stote	or foreign country		12. CITIZEN	OF WHAT COUNTRY
	14. MOTHER'S MAIDEN I	ragret	Han	luis	
17. I	NFORMANT R. MOI	hr	Addres: 6817	Gold	en Rine T
1	oulu	ses	n	0	NTERVAL BETWEEN NSET AND DEATH Such
ter	rotu Card	iv-Vasu	elan d	seese	2 mg
TH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN	I IN PART I (o	19. WAS AUTOPSY PERFORMED? YES NO
CURRE	D. (Enter nature of injury in	Port I or Part II of	item 1B.)		
20e. PL	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or to	own)	(Count	y) (State)
1	6, 195 %, to F	el-12	19.59.	that I last	saw the decease
death	m.o. Balto	M, fram the ADDRESS (Street,			DATE SIGNE 2 /12/6
	4 miles and the risk miles and the risk miles and the risk miles and the risk miles				
TERY O	R CREMATORY	22d. LOCATION	(City, town, or	county)	(Stote)

24b. REGISTRAR'S SIGNATURE

arthur & Krasel

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO THE REPORT OF STREET, AND ADDRESS OF THE PARTY OF STREET, AND ADDRESS OF THE PARTY OF THE PAR

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1600

Reg. Dist. No.

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6 1	L	U	U	0

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1.	PLACE OF DEATH O. COUNTY Baltimon	re		MARY	- 11	2. USUAL RESII o. STATE Mary.		iere deceased	d lived. If instituti b. COUNTY			ore admiss	ion)
	b. CITY OR TOWN (I RURAL and give no Oella	f outside corporate limearest town)	its, write	c. LENGTH OF STAY	IN 1b		TOWN (If o	outside carpo	rote limits, write R			arest tawn	1)
		AL (If not in hospitol,	give street	oddress)		d. STREET A	DDRESS						FARM?
-	Glan Ave					GTe	n Ave					YES [_	NO I
3.	NAME OF DECEASED (Type or print)	LESLIE	rst LEI	Middle MOORE		las	1	4. DATE OF DEATH	Mon Feb.	1,195	De 59	-7	Year
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	D B.	DATE OF BIRTH	н		9. AGE (In years				R 24 HRS.
3/	ale	White	WIDOWE			June O	7077	1	lost birthdoy)	Months	Doys	Hours	Min.
				KIND OF BUSINESS O	_	June 9	ACE ISINIA	or foreign or	Ange I	112 CI	TIZENI	SE MAN AT	COUNTRY
	during most at work	ing life, even if refired	1)			VI. DIKITU	MCE (SIGNA	or foreign co	Jonny,	12. 0	IIZEIA C	N WINA	COUNTRY
-	Textile Wo	orker	W	oolen Mill			tucky						
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Isaac Mo	oore				Anna	Relle	Cole					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17. INF	ORMANT			Add	ress			
	None	(If yes, give wor or dates of	2.	13-09-6038		. Mary	E. Mod	ore, Oe	lla,Md				
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	6	e for (o), (b), and (c).	The	mla	rin				ON	ERVAL BE	DEATH
	gove rise to it couse (o), stoting lying cause last.			estimine la	ndo	- Vas	cula	U De	isease	/	4	men	ithe
CATION	PART II. OTH		DEPIGNS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THETERMI	NAL DISEASI	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture of	f injury in P	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. IN While of work	Not while	20e. PLAC focto	E OF INJURY (I ry, street, office	lome, farm, bldg., etc.	20f. (City	or town)	(County)		(Stote)
	ACTUAL SIGNATURE	at I attended the M. 3/ illiam 7.	Ja.	I, and that	death o	occurred at_	itt	_M, from	reet, city or town,	ind an t	last so	te state	deceased ad abave STE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREC	F	22c. NAME OF CEME	Shop	REMATORY			ION (City, town, o		Mq	(Stote	e)
23.	FUNERAL DIRECTOR"	SIGNATURE		ADDRESS	ono pi	iera	240. REC'D	BY REGIST				RE	
	F.C. Higir	abothom, El]	licoti	t City.Md		10-14	DATE FE	B 4 '5		rthun 2	. Tho	and and	

VS A15 (4) 15M 9/55

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				STATE OF THE STATE
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Annual Company of the		AND CONTRACTOR		
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	100	Bir. Calif	montal in orbit	

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be filed

1498 **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11596

Reg. Dist. No

	Nog. Divi.	
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence be o. STATE Md. b. COUNTY f. a ti	efore admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
RURAL ond give negrest town 10 yrs	5/ Arbutus	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
or institution 5201 Benson Ave	5201 Benson Ave	ON A FARM?
100%		
3. NAME OF Wladisflaw Moizerim	OF	Day Year
		16, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doy	AR IF UNDER 24 HRS
M. WIDOWED DIVORCED 1	May 16.1876 82 yrs.	S Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN	OF WHAT COUNTRY
during most of working life, even if retired) Retired Crane Rigger B & O.RR.	Poland	BA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Maama	Unknown	
MOOT 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN	NFORMANT Address	
(Yes, no. or unknown) (If yes, give war ar dates of service)		# # # 9W 9##
Mrs	s Stella Moore, 5201 Benson At	रिका मुख्या । TATO
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thur homes	1 Second
420,1 DUE TO 1 1		
Conditions, if ony, which) (b) Carriery	Crastus Rime-12	10 bh
gove rise to immediate		1
lying course last		A
	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/2	10 WAS AUTOPSY
OF THE STORM CONTINUES CONTINUES TO BEATT BUT	THO KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TAKE 1(0	PERFORMED?
3		YES NO
≥ OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)	
= 1.1 t	ACE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (Stote)
Hour o. m. While Not while too of work of work	nory, street, office diag., etc.)	
104	9.0 . 7.116	
21. I certify that I attended the deceased fram / /	7 261'	saw the deceased
alive on 1937, and that death		
Lacousi D. C. La J.	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE OF 6 NV/Com	M.D. 6 EN Buldy N	2/17/1
PHYSICIAN'S HI F (1/15)		1.110
NAME (Type) 1/6 - W/ OUNS		//
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial Feb. 19/59 Loudon Park		(
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNA	TURE
	Zan vec o at vectorium sant vectorium o atot to	

Witzke Funeral Dir. 4101 Edmondson Ave.

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DATFEB 1 9 '59

death. Page 4 funeral director .TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs CTOR: After this certificate has been signed by the attending physician and campletely filled in Then please remaye carban papers. death. event within 72 hours after page 3 shauld be detached far use as the burial-transit remaval, the registrar priar TO HOSPITAL OF may be retain TO FUNERAL D VS A15 (4) 15M 9/5B

adomin's Tak 10 yrs yra monael fold 5201 THE ON ATE May 16,1876 BE Motion Orang Rigger & & C. 33. Pariston asu m in no . Al . Big ipva monnes 1025, order allest min it out months all of the termination and in

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftyr death. Pag O FUNERAL DIPATOR: After this certificate has been signed by the otherding physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, crematian, or remaval, and in any event within 72 hours ofter death.

may be retain TO FUNERAL DI

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01597 Reg. Dist. No.

	16	07	CER	TIFIC	ATE OF	DEATH	1		Reg. Dis		1001
o. COUNTY Baltimore			M	ARYLAND	O. STATE	sidence (Wh	ere decease	d lived. If instituti b. COUNTY			mission)
b. CITY OR TOWN (II	f outside corporate lim	its, write	c. LENGTH OF ST	TAY IN 1b		-	utside corpo	prote limits, write R	URAL and g	ive negrest t	own)
Fort Howar			42 Days		830	N Box	tala	St. Bal	+	3V.	21-11
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital,		oddress)		d. STREET	ADDRESS	INGTO	L Du., Dal	L LINOLTE	e. IS	RESIDENCE N A FARM?
Veterans A	dministrat	ion 1	Hospital		830	N. Be	ental	u Street		YES	ON D
B. NAME OF DECEASED (Type or print)	JOHN	rst		idle R	MUTT	ast 2	4. DATE OF DEATH	Februa		Day 25	Year 19 50
S. SEX	6. COLOR OR RACE	7. MARE			B. DATE OF BIR			9. AGE (In years lost birthdoy)	IF UNDER		NDER 24 HRS
Male	Colored	WIDOW		RCED 🗍	January	v 29.19	25	lost birthdoy)	Months	Doys Hou	ors Min.
Oa. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTH	PLACE (Stote	or foreign c		12. CITI	ZEN OF WH	AT COUNTR
Laborer	ing life, even if retired)	hipyard			Ladelph			-	S. A	
3. FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME				
John Muir					Iola S	Selby					
S. WAS DECEASED EVER			SOCIAL SECURITY	NO. 17.	NFORMANT			Add	ress		
Yes	WW I	Service 2	218-12-81	57 C	lin/Rec.	.Vet.A	dm. Ho	spital,F	t. Hows	ard M	d
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne far (o), (b), and						0 110110		BETWEEN
	TH WAS CAUSED BY:				MOTITORIA	SA DIC	TO TO	TOD TODE		ONSET A	ND DEATH
162.1	IMMEDIATE CAUSE (c						HT L	WER LOBE			
	XXXXXX	W MII	CH METAST.	ADID :	LO BRATI	V				UNKN	NWC
Conditions, if ar	nmediate										
cause (o), stating t)									
lying couse lost.) (c	:)									
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED 1	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	PER	AS AUTOPSY REORMED?
PART II. OTH	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	Y OCCURRE	D. (Enter nature	of injury in P	ort I or Par	t It of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. It While at wor	Nat while		ACE OF INJURY ctory, street, offi			or town)	(Ce	ounty)	(Stote)
21 I cortifu the	at Wattended the	docone	odkrom Toxo		1000	A-17-1-		05 1050	WITTIBETT	3 5 7 5 7 7 7 7 7 7 7	I version visites
- KKYGKYYYYY	VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	OCCCOS	TANA THE	uary	14 12-23	L, lored	ruary	-25-, 1959-	Andra K	TALKS BY AL	excetool
UNIE NO LA SOLA	CXXXXXXXX	AAAAA	TAAA and in	ar death	occurred a					e date st	
ACTUAL SIGNATURE	her v	1	Hus		M.D		(DDME33 (5)	treet, city or town,	state)		DATE SIGNI
PHYSICIAN'S NAME (Type) CH	TEN WET LA	N. M.	D.		VAH. F	ORT HO	WARD.	MARYLANI	D		126/5
20. BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF C	EMETERY O				IION (City, town, o		ic	lote)
REMOVAL (Specify) Burial	3/1/19	59	Oriole					le. Mary		(5	note/
3. FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS			24a, REC'D			TRAR'S SIGN	VATURE	
		18	08-10 N.	Monro	e St.	DATE AR 2					
Arlington S	Phillip	s Ba	ltimore]	17. Mc		DAIL		w.	47 2. Fr	MA	

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BOOK TO STATE OF THE STATE OF T		25
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		ATT HARD
	Patter appropriate Service	

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01598

1602

CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY B altimore MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE D. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
502 Club Lane	502 Club Lane YES NO G
3. NAME OF DECEASED (Type or print) MIKANIE M. MC	of DEATH Feb. 15 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Bemale White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) Anoths Days Hours Min. 89 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
Retired Housewife Home making 3. FATHER'S NAME	Ohio U.S.A.
	14. MOTHER'S MAIDEN NAME
Ephraim Peterson	Malissa Hartman
Yes, no or unknown)	INFORMANT Address
No None None Mr	rs. Malissa Thrasher- 502 Club Rane Balto. 4.
18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Curclesce DUE TO Conditions, if any, which) (b) Historio Sc	Facluse (Acute) INTERVAL BETWEEN ONSET AND DEATH OF STREET ONSET AND DEATH OF STREET ONSET AND DEATH OF STREET ONSET AND DEATH
gove rise to immediate couse (o), stoling the under-lying couse last. DUE TO (c) Fluckaling	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part t or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED To Hour a. m. 19 While Not while of wark of work	CLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased from Territorial alive on Feb. 5, 1959, and that death	h accurred at 700 F. M, from the causes and an the date stated above
ACTUAL SIGNATURE To H. Sallack	ADDRESS (Street, city or town, state) DATE SIGNE M.D. 200W. PERKA Hije 2/15/59
PHYSICIAN'S NAME (Type) TOS. A. S'EYLACK	Touson 4, Tred.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Removal Feb. 15 305	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Glendale, Ohio 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wm. F. Tickner & Sons- Balto.	MO. DATE FEB 1 6 '59 Cirthung & Harris

RIAN OF TANKINGS - WEST SERVICE STREET, SERVICE SERVIC the few statement of the management of

TO HOSPITAL OF

VS A15 (4) 15M 10/57

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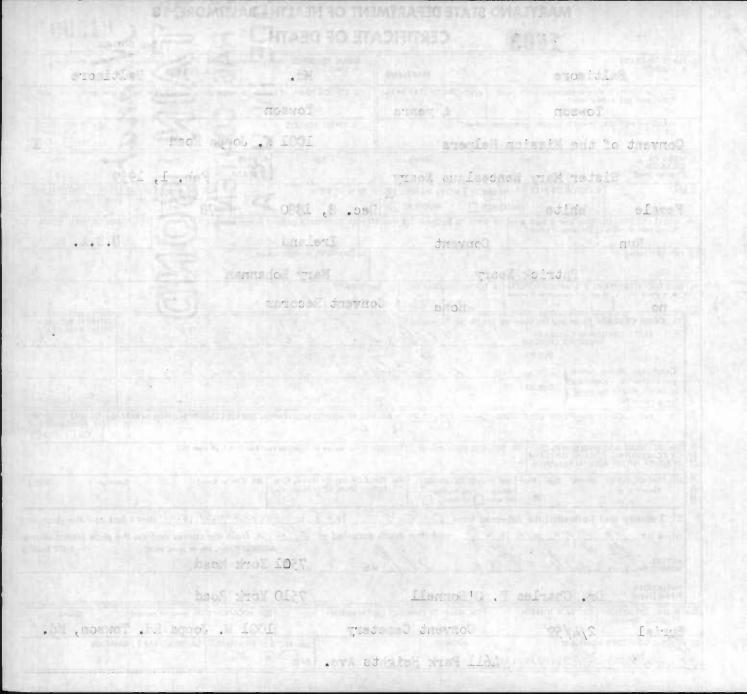
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ARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18
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CERTIFICATE OF DEATH

	TOU	3	OEKIN	- CAI	- OI DEAI			Reg. Di	st. No.		
a. COUNTY Ba.	ltimore		MARYLA	11	usual residence (W o. STATE Md.	there deceased	lived. If instituti b. COUNTY		ce before		ion)
b. CITY OR TOWN (If RURAL and give ne	f autside carporate limit carest tawn) Towson	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		ate limits, write f	RURAL and	give near	est tawn)
OR INSTITUTION	AL (If not in haspital, g		address)		d. STREET ADDRESS	M Ton	pa Road	5 3			FARM?
	the Missi	on H	elpers	1	1001		pa noau			162	110 M
3. NAME OF DECEASED (Type or print) S:	ister Mary	Wenc	Middle eslaus Near	7	Last	4. DATE OF DEATH	Feb.		Doy		Year 19
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. D	ATE OF BIRTH	5	P. AGE (In years		1 YEAR I	F UNDE	R 24 HRS.
Female	White	WIDOWE	DIVORCED	De			78 yrs.	Manths		Haurs	Min.
during mast af wark	ON (Give kind at wark d ting life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUSTRY		e ar foreign cou	untry)	12. CIT			COUNTRY
Nun			Convent		Ireland				U.S.	.A.	
3. FATHER'S NAME				1.	4. MOTHER'S MAIDEN	NAME					
	Patrick	Nea:	ry		Mary Bo	ohannan					- 2
5. WAS DECEASED EVER	R IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	lress			
no			none	Con	vent Record	ds					
18. CAUSE OF DEA	TH [Enter anly one car	use per lje	ne for (a), (b), and (c).]	,	0 11	/				VAL BE	
PART I. DEA	TH WAS CAUSED BY:	. (10 18 h	11	V 66	2011	mha	-96	ONSE	TAND	DEATH
1538	IMMEDIATE CAUSE (a) DUE TO			-	To the	16.60		/	2	2-6-9	all,
700.0		3	MITA	1	11/1	11-		- 41			
Canditions, if a		1	110/100	Lage	000	- Co	2-6-4-2	- Land			
cause (a), stating lying cause last.	DUE TO	4-41	012	a	ne	Da	me	f	3	1/2	0
PART II. OTH	IER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEATH	H BUT NO	RELATED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PAR	1	PERFO	AUTOPSY RMED?
5									0	YES 🗌	NO 🗗
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature af injury in	Part I ar Part	II of item 18.)				
20c. TIME OF INJUR Haur a. m.	Y Manth, Day, Yea	20d. It	Not while	e. PLACE factory.	OF INJURY (Home, form, street, affice bldg., etc.	m, 20f. (City (or town)	(0	County)	10	(State)
p. m.	19	at war				/					
21. I certify th	at I attended the	deceasi	ed from QT	7	. 1948, to Xe	muse	45/105	9 that 1	lost sov	u the	decease
-	emany		~~		curred of DE						
dive dil		2, 12	, and mar a	eam ac	corred of De Z		eet, city or lown,		ne date		ed abave
ACTUAL SIGNATURE	halles 7	40x	onnell	M.D.	750	l York		srare)		DA	HE SIGNE
PHYSICIAN'S NAME (Type)	Dr. Charle	s F.	O'Donnell		7510) York	Road				
220. BURIAL, CREMATION REMOVAL (Specify)			22c, NAME OF CEMETE	RY OR CR			ON (City, tawn,	ar caunty)		(State	e)
Burial	2/4/59		Convent Co	emete	ry	1001 W	. Joppa	Rd. 1	rowse	on, I	Md.
3. FUNERAL DIRECTOR			ADDRESS			D BY REGISTR		STRAR'S SIG			
16 Pernon	Lomm	on.L	611 Park Hei	ghts	Ave. DATE	3 '59	Cui	Ser 8. 1	Liana		



TO HOSPITAL OR

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

1489 CERTIFICATE OF DEATH

			Keg, D	IST, INO.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE TILL COLUMN	deceased lived. If institution: Resident b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neafest town)	6 Weeks	c. CITY OR TOWN (If out	de corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (It has in haspital give treet OR INSTITUTION		d. STREET ADDRESS	stos St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Manager of	- Middle	Ostrorz	DATE Month OF DEATH	Day Year
Jeurale. White WIDOW		8. DATE OF BIRTH Tuly 31-188	9. AGE (In years last birthday) Months yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. PIRTHPLACE (Stole or Warry 1)	foreign country) 12. CI	US A.
13. FATHER'S NAME William Lilly		14. MOTHER'S MAIDEN NAM	81.5.	<u></u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES [16.] (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 11	NO J.B. Clifi	ou 354 Parte	s Al alestu
18. CAUSE OF DEATH [Enter only one cause partir PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c),] 9. 0 + HeAd	of CARCU	m with	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	NeraLized	Metastas	, <u>\$</u>	2 mos.
gave rise to immediate cause (a), stating the under-lying couse lost. DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It While of world by Month 19 of world by While of world by Month 19 of	_ Nat while _ fac	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I ottended the decease olive on 1974 /6 - , 19	ed from Dew 19	occurred at 2017	V. 17 , 19.59, that I M, from the causes and on t	lost sow the deceased
ACTUAL SIGNATURE DO	irs		RNING ton R	DATE SIGNED
PHYSICIAN'S M.B. DAV	is Mn	DUNDAHO	- 2x ml.	
220 BURIAL, CREMATION, 22b. DATE THEREOF 2/21/1919	22c. NAME OF GEMETERY O	R CREMATORY 22	d. LOCATION (City, town, or county)	(State)
23 FUNERAL DIRECTOR'S HORATURE Ch	ADDRESS EXCLOSE Was	Le lace DATE FEB	Y REGISTRAR 24b. REGISTRAR'S SI	GNATURE

	-H1A30 20:5	TASHIMBS	REFL	
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See Tarrelle				
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VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Middle

01601

Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Year DEATH 19 9. AGE (In years 8. DATE OF BIRTH INCONDER TYPEAR IF UNDER 24 HRS. Months yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME UNKI 17. INFORMANT Address 7407 INTERVAL BETWEEN ONSET AND DEATH CCLUSION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO J YES | DESCRIBE HOW DOURY OCCURRED. (Enter nature of injury of Port I or Port II of item 18.) 20d. INJURY OCCURRED 24. PLACE OF INJURY Home, form, 20f. (City or town) (County) (State) factory, street office bldg., etc.) Inspection Inquiry I and find that Suicide . Homicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

'59

DATEMAR 2

Circling S. Frank

	HTARO PO PROTICATE EXAMINER'S CEXTIFICATE OF DEATH	
	Comment Description Description Description	
E 20		
7 - 170		

ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR TO FUNERAL D

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1605

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	Residence before admission)
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RUR	RAL and give nearest lown)
	Rural - Towdon	18 months	Walhe	eRT apT's	Ba 1 Th 1. Mm
	d. NAME OF HOSPITAL (If got in hospitol, give street or institution Eudowood Sanato Towson L. Mary)		d. STREET ADDRESS	Ples ST	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	e Buchana	n Owen	4. DATE Month OF DEATH FEB.	Doy Yeor
	F WIDOWE	D DIVORCED	8 /3 / //8	75 lost birthdoy) A	F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME / L9hman C	wen	14. MOTHER'S MAIDEN I	01 0 1	97
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)			ds, Eudowood Sa	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying couse lost.	e for (o), (b), and (c).] Lucida	ey Tube	prev Losi's	INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	Hour o. m. While of work	Not while fac	ACE OF INJURY (Home, forn lory, street, office bldg., etc	:.)	(County) (Stote)
	21. I certify that I attended the decease alive an FE6: 1, 19.5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Milton B. Kress.	, and that death	accurred at 8 P	M, from the causes and ADDRESS (Street, city or lown, stood Sanatorium -	d an the date stated above. DATE SIGNED
220	REMOVAL (Specify) 72b, DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY We 3	22d LOCATION (City, town, or	county) (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE REMY V Kuskeins r An	ADDRESS 15 6 49 05 - VO.	ARE DATE F	- 150	PAR'S SIGNATURE

HEADE SO STANFERSON TO THE STANFE OF THE STA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1606 CERTIFICATE OF DEATH

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	2000	CLICITIO	CAIL OI L	/L/7111			Reg. Dist.	. No.	
	altimore	MARYLANG	o. STATE	rylar		ived. If instituti b. COUNTY			ssian)
B. CITY OR TOWN I	(If outside corporate limits, write neorest town)	c. LENGTH OF STAY IN 1		TOWN (IF ou	itside corpora	te limits, write R	URAL and giv	re nearest tav	vn)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give street	address)	d. STREET A		ıther:	ly Rd.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	THORNE	Middle L •	PARRY		4. DATE OF DEATH	Feb.	11,	Day	Year 19 59
s. sex Male	6. COLOR OR RACE 7. MARK			25,189		AGE (In years lost birthday) 59yrs.		YEAR IF UND	
Oo. USUAL OCCUPATION of work o	ON (Give kind of work done 10b. rking life, even if retired)	kind of Business or initial County	The second second	ACE (Stote o	or foreign coul	ntry)		USA	AT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	AME				
N	Milford M. Par	rry	Emm	a The	orne				
(Yes, no. or unknown)	[If yes, give war or dates of service]	SOCIAL SECURITY NO. 17 L2-074-361	Mrs. Kr	a Par	rry,22	203 Sot	ath Ro	d.Bal	to 9
Canditions, if a gave rise to i cause (a), stoting lying couse last.	the under-	YOCHNDIAL	- INFAT					ONSET AN	0.745
Š	HER SIGNIFICANT CONDITIONS (EN IN PART 1	1(o) 19. WAS PERF YES	ORMED?
	AS UNDERLYING 20b. DESG	CRIBE HOW INJURY OCCUR	RRED. (Enter nature a	finjury in Pe	ort I ar Port II	of item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 20d. II 19 Ot wor	Not while	PLACE OF INJURY (I factory, street, office		20f. (City o	r lown)	(Co	unty)	(State)
21. I certify to olive on	Musical A. S	2 0	oth occurred of	530 A		the causes of th	nd on the	dote sto	ted above.
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL		22c. NAME OF CEMETERY Hereford				ord, Md		(Sto	ote)
3. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		240 PEC'D	RY PEGISTRA	R 24b. REGIS	STRAR'S SIGN		
Wm Cook-	Towson, Inc. 1	lowsonmMd.		DAFEB '	1 3 '59	Circh	47 S. PM	aut	

page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in TO HOSPITAL OR TO FUNERAL IN

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VS A1S (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1607 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Maryland Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Cockeysville life Cockeysville d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM York Rd. York Rd. YES NO NAME OF Middle 4. DATE Manth Year Day DECEASED Thomas Howard 2-6-59 (Type ar print) Patterson DEATH 19 9. AGE (In years last birthday) 83 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days male white WIDOWED T DIVORCED | 5-14-1875 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Balto.Co.Roads inspector Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Patterson Margaretta Tolley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ???? Katherine Patterson above no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITI ONS CONTRIBUTING TO DE HETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [NO 🔀 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE GEDEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRI HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark at wark 4, that I last saw the deceased 21. I certify that I attended the deceased from, 4.30AM, from the causes and an the date stated above. alive on that death occurred ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMA ION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) 2-8-59 St. James Episcopal Monkton, Md. ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 622 York Rd. Towson 4, Md. DATE FEB



VS A15 (4) 15M 9/55

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Pages I and		NAME OF DECEASED (Type or print)	Go]	ldie	Kenney
700	5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED 🛣 NEVER MARRI
	f	emale	white	WIDOWE	ED DIVORCE
thending physician and cample please remove carbon papers.	100	USUAL OCCUPATIO during mast af working housew	N (Give kind af wark oing life, even if retired	done 10b.	home
and read	13.	FATHER'S NAME			
ician ician rs affi		Joh	n Kenney		
ng physici remave 72 havrs			IN U. S. ARMED FOR If yes, give wor or dates of s	ervice}	SOCIAL SECURITY NO
thendir please within		18. CAUSE OF DEA	TH [Enter anly one co	use per lin	ne far (a), (b), and (c)
Then place of event with			TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	144	pertenses
igned by permit.		Conditions, if an gave rise to in cause (o), stoting t lying cause last.	nmediate ()	
is the law reciping physician te has been si burial-transit remaval, and	CATION	PART II. OTH	ER SIGNIFICANT CON		
ficate or rer	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C
ital or ath r this certifor use as cremation,	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	f Month, Day, Ye	ar 20d. It While at war	NJURY OCCURRED Not while t ot wark
by the hospital or attending physician (TOB: After this certificate has been se detached far use as the burial-transit ta burial, cremation, ar remaval, and		21. I certify the	at I attended the	deceas	ed fram
6 0		ACTUAL SIGNATURE	1. m.	7	ranc
		PHYSICIAN'S NAME (Type)	A.M.	FI	RANCE
may be relained from the registrar the registrar	220	BURIAL, CREMATION	2-24-59		Clynmal
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S		22 Y	ork Rd.,

1.	PLACE OF DEATH	timore		MARYL		USUAL RESIDENCE (V	Where deceose	d lived. If instituti b. COUNTY		imore	
	b. CITY OR TOWN (III RURAL and give no	f autside carporate limi parest lown) enix	ls, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (III	f autside carpo	orate limits, write R	URAL and gi	ve nearest to	iwn)
	OR INSTITUTION	AL (If not in haspitol, g		oddress)		d. STREET ADDRESS Maryl	and A	ve.		ON	RESIDENCE A FARM? NO A
3.	NAME OF DECEASED (Type or print)		ldie	Kenney Middle	Pea	rce	4. DATE OF DEATH	Man 2 -	1h 21-59	Day	Year 19
	SEX Cemale	6. COLOR OR RACE white	7. MARR	RIED X NEVER MARRIE		3-4-1893		9. AGE (In years last birthdoy) 65 yrs.		YEAR IF UN	
_	nousew	ON (Give kind of work or ing life, even if retired 1fe	done 10b.	kind of Business of home		Maryla	nd	auntry)	1	S.A.	
13.	FATHER'S NAME	n Kenney				14. MOTHER'S MAIDEN Florence		ossom			
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT	ь Б	Add	ress		
{Y	no. or unknown)	(If yes, give wor or dates of s		none	J.	Morgan Pe	arce	a	bove		
ATION	Conditions, if an gave rise to it cause (o), stating lying cause last. PART 11. OTH	the <u>under-</u> DUE TO)	pervension for DEA		or RELATED TO THE TER				PER	AS AUTOPSY FORMED?
L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CCURRED.	Enter nature of injury i	n Part I ar Por	rt II af item 18.)		763	_ NO (G
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While		20e. PLACI factor	OF INJURY (Hame, fo y, street, office bldg., e	rm, 20f. (City	y ar town)	(Co	ounty)	(State)
	21. I certify the alive an	J. M. 17.11.	7) F	ed fram		., 1957, to ccurred at 10	AM, from	m the causes of treet, city or town,	and an th		
L	BUILD (REMATIO	2-24-59		Clynmali				nkton,	Md.		tate)
23	FUNERAL DIRECTOR		22 Y	ork Rd T	OWSO		C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	1503	CERTIFICA	AIL OI	DLAII			Reg. Dis	t. No.	
	lto.	MARYLAND		Idence (WI	here deceased l	lived. If institution b. COUNTY	_	e before o	
b. CITY OR TOWN (If o RURAL and give near OWINGS	outside corporate limits, write est town MIIIS	e c. LENGTH OF STAY IN 16 4 Years	1		outside corpora S Mill	te limits, write RI	JRAL ond g	ive néarest	town)
OR INSTITUTION	(If not in hospital, give stro Vilgate Ros		d. STREET	ADDRESS		e Road			S RESIDENCE ON A FARM? ES NO X
3. NAME OF DECEASED (Type or print)	Helen	Middle	Petrus		4. DATE OF DEATH	Moni Fe	b.	Doy 27	Year 19 59
Female	White wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	Feb.2,	1880		79 yrs.			UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATION during most of working Housewill	(Give kind of wark dane life, even if retired)	Ob. KIND OF BUSINESS OR INDU House		IACE (State	ar fareign cau	ntry)		.S.	VHAT COUNTRY
13. FATHER'S NAME Unkno	own		14. MOTHER'S	MAIDEN	- Por	p			
1S. WAS DECEASED EVER II 1Yes, no, or unknown) No (15)	N U. S. ARMED FORCES? yes, give wor or dates of service)		informant rs.Mary	Nol	an, Owi	ngs Mi	lls,	VId.	
Canditions, if any, gave rise to imm cause (a), stating the lying cause last.	punder- DUE TO (c)	Metastani to	lus lus	to go					AND DEATH
200, ACCIDENT WAS I	UNDERLYING [7] 20b. E	IS CONTRIBUTING TO DEATH BUT					EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO
OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH DICAL EXAMINER) Manth, Day, Year 20d	I. INJURY OCCURRED 20e. PI	IACE OF INJURY (actory, street, affic	Home, form	20f. (City o		(Ce	ounty)	(State)
21. I certify that alive an or the ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	I attended the dece 27 , 19 ince E. M.	ased from October 259, and that death Williams		1, to 2. 16:15 1 terst	M, from ADDRESS (Street	3.7., 1957 the causes a et, city or town,	nd an the		the deceases stated abave DATE SIGNEI
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF Mar . 2, 1959	New Cathed			Balti	ON (City, town, o	county)		(State)
23. FUNERAL DIRECTOR'S S J.F.Eline		ADDRESS eisterstown, M	d.	24o. REC'I	D BY REGISTRA		TRAR'S SIGN		

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requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No

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	1
LACE OF DEATH	
Bal	timore

MARYLAND

Middle

o. STATE Maryland c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTYBaltimore

Month

Address

b. CITY OR TOWN (If autside carparate limits, write	c. LENGTH OF STAY IN 16
White Hall (rural)	2 *****
White Hall (rural)	2 vrs.

yrs. d. NAME OF HOSPITAL (If not in hospital, give street address)

White Hall (rural) / d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES X NO

OR INSTITUTION	old	York	Rd.	

First

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

Old York Rd. 4. DATE OF DEATH

Day 2-16-50

(Type ar print)	Cla	ara Owens Pier	sol	DEATH	2-16-59	19
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER TYEAR	
female			4-2-1880	78 yrs	manning Days	Haurs Min.
	ON (Give kind af work king life, even if retired	dane 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote o	r fareign country)	12. CITIZEN C	F WHAT COUNTRY
la a		la ausa	Managar 2 and 2		TT	CA

13. FATHER'S NAME

NAME OF

DECEASED

U.D.A.

Thomas	Owens	Mary	Richards

(Yes, no, or unknown)	(If yes, give war or dates of service)	none	John W. Pi	ersol	above	
	EATH [Enter only one cause p EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erefral	(1) Vascular	Couli	A	INTERVAL BETWEEN ONSEI AND BEATH
33/X Canditions, if	DUE TO gany, which	Peneraly id	a Cerebral	arterio	schouis	ourg gr
gave rise to couse (a), stating lying cause last	g the under-					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

PERFORMED? YES NO

(State)

				CAUSE MEDICAL E		
20c.	TIME	OF	INJURY	Month,	Day.	Year

20d. INJURY OCCURRED While Nat while at wark at wark

20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)

21. 1	certify	that I	attended	the	deceased	from.
		16	10 Ks	101	11	7.3

(County)

The deceased from the deceased	- 17- Indi I lust sur	wille decease
alive on 16 Sebuary, 1959, and that death accurred at 31A	AM from the course and on the date	stated above
dive on a did indi deam accorred a	ETEM, from the couses and on the date	sidled abov
	ADDRESS (Street, city or town, state)	DATE SIGN
1-1/-1/100		

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

CERTIFICATION

MEDICAL

Walter T. KEES

(Stote)

и		
	22a. BURIAL, CREMATION,	22b. DATE THEREOF
	REMOVAL (Specify)	2-18-59
ш	DATTOT	2-1U- 17

22c. NAME OF CEMETERY OR CREMATORY Fairview Methodist 22d. LOCATION (City, tawn, or caunty) Phoenix, Md.

23. PUNERAL DIRECTOR'S SIGNATURE

Hour o. m

p. m

York Rd., Towson4, Md.

240. REC'D BY REGISTRAR DATE FEB 1 9 '59

24b. REGISTRAR'S SIGNATURE Chilling S. Thous

TO FUNERAL VS A15 (4)

TO HOSPITAL

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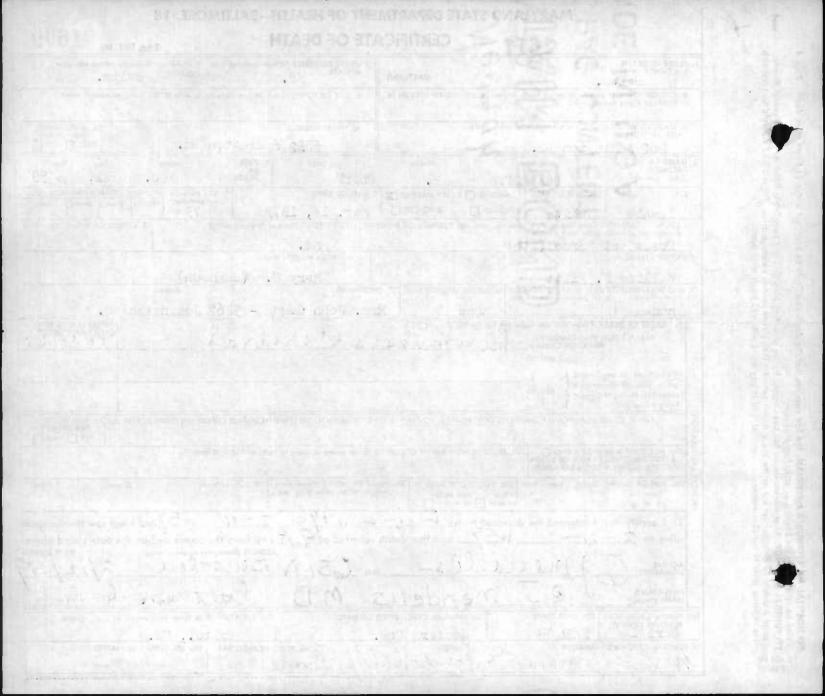
VS A15 (4) 15M 10/57

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6.	MARYLAND S	TATE DEPARTMENT	OF HEALTH-BALTIMO	DRE, 18
D	1611	CERTIFICATE	OF DEATH	R
NACE OF D	EATU	0.1161	TAL DECIDENCE CALL A LI' I	16 1 12 12

	16	11	CERTIFIC	ATE OF DEA	ATH		Reg. Dist, N	10.11	609
1, PLACE OF DEATH 0. COUNTY Balt	60 a		MARYLAND	2. USUAL RESIDENC o. STATE	E (Where decease	ed lived. If instituti b. COUNTY	on: Residence be		sion)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limit	ts, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corp	orate limits, write R	URAL ond give	nearest tow	n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street oddre	955)	d. STREET ADDRE				ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir	LOTTE	Middle	PLITT	4. DATE OF DEATH	Mon		Day	Yeor 19 59
5. SEX female	6. COLOR OR RACE		NEVER MARRIED		1879	9. AGE (In years last birthday) 79 yrs.		AR IF UND	
On. USUAL OCCUPATI-		1	OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE		country)	12. CITIZEN	OF WHA	COUNTRY
7. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME				1
William	F. Plitt			Mar	y C. fu	inknown)			
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR		AL SECURITY NO. 17.	INFORMANT		Add	ress		
none		nor	ne	Mrs. John C	uddy - 5	462 Addi	ngton Ro	1.	
PART I. DE. 332 Conditions, if conditions if conditions if conditions if conditions if conditions if conditions in conditions (a), stoling conditions (b), stoling conditions (conditions in conditions in conditi	immediate DUE TO	Far	(o), (o), and (c).]	is Ce	rela	al	Ö	NTERVAL B NSET AND	THE REAL PROPERTY.
45	HER SIGNIFICANT CON		RIBUTING TO DEATH BI	UT NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	VEN IN PART 1(o	PERFO	AUTOPSY DRMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of inju	ry in Port I or Po	rt II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Yeo	While _	Y OCCURRED 20e. Not while of work	PLACE OF INJURY (Home foctory, street, office bldg	, form, 20f. (Cit)., etc.)	y or town)	(Count	(y)	(Stole)
21. I certify the	hat I attended the	deceased f		19 49, to	2- A.M. fro	1 195 m the causes of	Athat I last		
ACTUAL SIGNATURE	offne	ude	lis	M.D. 651		ireel city of town,		2/12	ATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC) F 22c	endell.	OR CREMATORY) 22d. LOCA	TION (City, town,	or county)	(Sto	(d
Purial (Specify)	2/14/59		Western Ce	(1		Balto., N	1d.		
23 Finleral director	SI ENUIL	er 4x	ADDRESS - W	0010	REC'D BY REGIS		STRAR'S SIGNAT		



20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m.

Not while at work at work

19.59, that I last saw the deceased 21. I certify that I attended the deceased fram_ , 1959, and that death accurred at 7.254 M, from the causes and an the date stated above

ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 2-16-59

22c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 22d. LOCATION (City, town, or county)

Baltimore

23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc., 1217 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arihun & Kraus

e. IS RESIDENCE ON A FARM?

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

YES NO

Year

19 59

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VS A15 (4) 15M 9/55 90

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

	761	2		Reg. Di	st. No.
1, PLACE OF D o. COUNTY	Baltimore	MARYLAND	o. STATE //	ceased lived. If institution: Resident b. COUNTY	nce before admission)
	TOWN (If outside corporate limits, d give gegrest lown)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
KOKAC OII	Towson		Baltime	ore 3 V	01-4
d. NAME OF	HOSPITAL (If not in haspital, giver fution Armacost	e street address) Nursing Home	d. STREET ADDRESS 4702 Loch 1	Raven Blvd	IS RESIDENCE ON A FARM? YES NO DEX
3. NAME OF	First	Middle	Lost 4. DA	ATE Month	Doy Yeor
(Type or prin	" Mrs. Ma	rgaret J.	v / OI	FATH February	9th 1959
5. SEX	1 1	MARRIED NEVER MARRIED	Sept 23, 1894	9. AGE (In years let UNBER Months yrs.	Days Hours Min.
100 DUSUAL OC	CUPATION (Give kind of work do	ne 10b. KIND OF BUSINESS OR INDU		eign country) 12. CII	TIZEN OF WHAT COUNTRY?
	t of working life, even if retired) USEUULTE		Baltimore.	Manuland	11SA
13. FATHER'S N	A CONTRACTOR OF THE CONTRACTOR		14. MOTHER'S MAIDEN NAME	· · · · · · · · · · · · · · · · · · ·	
	Frank Armiger		Elizabeth		
15. WAS DECEA	ASED EVER IN U. S. ARMED FORCE	rice)	informant of the same of the s	Snuder. 39	monium, Md.
PAI	RT I. DEATH (Enter only one court RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Ons, if ony, which to immediate stoting the under. DUE TO DUE TO	Cauder	d Me to ta 1 Cervey	isis	INTERVAL BETWEEN ONSET AND DEATH
NOIL	TI. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT			PERFORMED? YES NO
20a. ACCII OR CONTE (IF EITHER,	DENT WAS UNDERLYING 12 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ob. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I c	or Port II of item 18.)	
	OF INJURY Month, Doy, Year o. m. p. m. 19	20d. INJURY OCCURRED While Nat while of work of work	ACE OF INJURY (Home, farm, 20f. sctory, street, affice bldg., etc.)	. (City or town)	County) (State)
21. I cer alive on ACTUAL SIGNATUR	11-0//101	deceased fram	ADDRE	fram the causes and on the causes and on the causes and on the causes and on the causes are the card Road.	last saw the deceased he date stated abave. DATE SIGNED 2/9/59
PHYSICIAT NAME (Ty	Walter E. 1	Karfgin	Baltimore	, 14, Marylan	d
220. BURIAL, C	REMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY 22d. 1	Baltimore Ma	nuland
23. FUNERAL D	IRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY R	REGISTRAR 24b. REGISTRAR'S SI	GNATURE
Leone	ard J. Ruck 5	305 Harford Roc	2d #14 DATEEB 1 1	'59 arthur 8 3	

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Moreland Mem.

Hartord Road

24a, REC'D BY REGISTRAR

DAYFAR 3

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

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	Maggie Ricke	Harry V. Pasan	. 261
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1615	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	"161;
PLACE OF DEATH o. COUNTY P.A LTO.		MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	eceased lived. If institution b. COUNTY	n: Residence before	
b. CITY OR TOWN (If outside co RURAL and give nearest town)	rporote limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside	corporate limits, write RU	RAL ond give near	est town)
MIDDLE RI	VER		X MIDDLE	RIVER	9	
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street	oddress)	d. STREET ADDRESS		e	IS RESIDENCE
RT 14 BOX	24 B.	ALTO, 20	PT. 14 BOX	24 BALI	10.20	YES NO
NAME OF DECEASED	First	Middle	Lost 4. D.		Day	Year
(Type or print) CHA	PLES (WENTZ) PO	SWIATEWSKI	EATH FE	3. 19	195
SEX 6. COLOR	OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER TYEAR	
MALE WHI	TE WIDOW	ED DIVORCED	10-15-75	Syn.	Months Doys	Hours Min.
D. USUAL OCCUPATION (Give kind during most of working life, even	nd of work done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF	WHAT COUNT
FARMER	an in reilied)		POLAND		U.	S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
Unknowy			Unkens	wn.		
WAS DECEASED EVER IN U. S. A		SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55 G /	, _
n. no. or unknown) (it yes, give we	or or dates of service)	none C	ilexander los	viaturki	31 000	for Jan
18 CAUSE OF DEATH TENER					St. Jan 19 Jan 1	de la
	only one cause per li	ne for (a), (b), and (c),]			INTER	VAL BETWEEN
PART I. DEATH WAS CA	USED BY:	ne for (o), (b), and (c).]	inal.		INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CA	LUSED BY: E CAUSE (o)	Coronary	colusion		INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CA	LUSED BY: E CAUSE (o) DUE TO	/V ah	t Head D.		INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CA IMMEDIAT 420.0 Conditions, if ony, which	LUSED BY: E CAUSE (o) DUE TO (b)	/V ah	Ecclision tre Heart Disc	lane	INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CAMMEDIAT LL 20.0 Conditions, if ony, which gove rise to immediate couse (o), stating the under-	LUSED BY: E CAUSE (o) DUE TO	/V ah	the Heart Disa	ease	INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CAMMEDIAT LA 20.0 Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO (c) (c)	Coronary arterioseles	the Heart Dese and Appertunin	ian	ONSE	T AND DEATH
PART I. DEATH WAS CAMMEDIAT LA 20.0 Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO (c) (c)	Coronary arterioseles	tre Heart Desc and Affeiturin T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	ONSE	T AND DEATH
PART I. DEATH WAS CAMMEDIAT 4.20.0 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI	LUSED BY: E CAUSE (o) DUE TO (b) DUE TO (c) CANT CONDITIONS (Coronary C arterioseless			O N SE	T AND DEATH WAS AUTOPS' PERFORMED?
PART I. DEATH WAS CAMMEDIAT LACO CONditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING IT CAUSE	DUE TO (b) DUE TO (c) CANT CONDITIONS OF DEATH	Coronary C arterioseless	tre Heart Desc and Hypertenin T NOT RELATED TO THE TERMINAL D		O N SE	T AND DEATH WAS AUTOPSY PERFORMED?
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PART I. DEATH WAS CAMMEDIAT LACO CONditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING IT CAUSE	DUE TO (b) DUE TO (c) CANT CONDITIONS OF DEATH (AMINER)	Coromany C Contributing to DEATH BU CRIBE HOW INJURY OCCURR NJURY OCCURRED Not while Not while		or Part 11 of item 18.)	O N SE	T AND DEATH
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PART I. DEATH WAS CAMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E. 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that latter	DUE TO (b) DUE TO (c) CANT CONDITIONS CO	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work ed fram. T-W > 1/2	LACE OF INJURY (Home, form, 20f. sclory, street, office bldg., etc.)	or Part II of item 18.) . (City or town)	(County)	WAS AUTOPS: PERFORMED? YES NO (State
PART I. DEATH WAS CAMMEDIAT LACE OF CONDITIONS, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E. 20c. TIME OF INJURY Month, Hour o. m. p. m.	DUE TO (b) DUE TO (c) CANT CONDITIONS CO	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work ed fram. T-W > 1/2	LACE OF INJURY (Home, form, 20f., octory, street, affice bldg., etc.) 19 57, to LAC. h accurred at 10 A.M.	cor Part II of item 18.) (City or town) 19. 9 fram the causes ar	(County) that I last savid an the date	WAS AUTOPSY PERFORMED? YES NO (Stote
PART I. DEATH WAS CA IMMEDIAT A D D CONDITION OF THE PART II. OTHER SIGNIFI 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER. NOTIFY MEDICAL E. 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that Latter alive an	DUE TO (b) DUE TO (c) CANT CONDITIONS CO	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work ed fram. T-W > 1/2	LACE OF INJURY (Home, form, 20f., octory, street, affice bldg., etc.) 19.57, to LAC, h accurred at 10.AM,	(City or town) 19 9 fram the causes ar	(County) Athat I last savind an the date lote)	WAS AUTOPSY PERFORMED? YES NO (State
PART I. DEATH WAS CAMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E. 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that latter	DUE TO (b) DUE TO (c) CANT CONDITIONS CO	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work ed fram. T-W > 1/2	LACE OF INJURY (Home, form, 20f., octory, street, affice bldg., etc.) 19.57, to LAC, h accurred at 10.AM,	cor Part II of item 18.) (City or town) 19. 9 fram the causes ar	(County) Athat I last savind an the date lote)	WAS AUTOPSY PERFORMED? YES NO (State
PART I. DEATH WAS CA IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.) 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that latter alive an ACTUAL SIGNATURE	DUE TO (b) DUE TO (c) CANT CONDITIONS CO	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work 20e. P Not while of work 4 4 4 And that death	LACE OF INJURY (Home, form, 20f., octory, street, affice bldg., etc.) 19.57, to LAC, h accurred at 10.AM,	(City or town) 19 9 fram the causes ar	(County) Athat I last savind an the date lote)	WAS AUTOPSY PERFORMED? YES NO (State
PART I. DEATH WAS CA IMMEDIAT 1 2 0 0 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFI 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E. 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that Latter alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) [RVIN (C.)]	DUE TO (b) DUE TO (c) CANT CONDITIONS OF DEATH (AMINER) Doy, Year 20d. II 19 of wor naded the deceas 19 S R. BEC	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work defram And that deat CRIBE HOW INJURY OCCURRED Not while And that deat CRIBE HOW INJURY OCCURRED AND AND CRIBE HOW INJURY OCCURRED AND AND AND CRIBE HOW INJURY OCCURRED AND AND CRIBE HOW INJURY OCCURRED AND AND AND AND CRIBE HOW INJURY OCCURRED AND AND AND AND AND AND AND A	LACE OF INJURY (Home, form, 20f., street, affice bldg., etc.) 19.57, to FAT h accurred at 10 A.M., ADDRE	or Part II of item 18.) (City or town) 19 9 fram the causes aress (Street, city or town, state of the causes of the cause of the causes of the cause of the c	(County) that I last saved an the date lote)	WAS AUTOPSY PERFORMED? YES NO (Stote with decease stated about the decease stated)
PART I. DEATH WAS CA IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.) 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that latter alive an ACTUAL SIGNATURE	DUE TO (b) DUE TO (c) CANT CONDITIONS OF DEATH (AMINER) Doy, Year 20d. II 19 of wor naded the deceas 19 S R. BEC	COTOMARY CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRED Not while of work 20e. P Not while of work 4 4 4 And that death	LACE OF INJURY (Home, form, 20f.) LACE OF INJURY (Home, form, 20f.) 19.57, to Lath h accurred at 10.A.M., ADDRE M.D. 901 FUSELA	(City or town) 19 9 fram the causes ar	(County) that I last saved an the date lote)	WAS AUTOPSY PERFORMED? YES NO (Stote

	ADRITREES	
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		April 1

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ending physician.	ficate has been signed by the attending physician ond campletely filled in by meduneral directs	the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed w	, ar remaval, and in any event within 72 hours after death.
2	O	h	D
0	Sides.	-0	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1616 CERTIFICATE OF DEATH

01614 Reg. Dist. No.

								1108		
1. PLACE OF DEATH 0. COUNTY	Baltimore)	MARYLAND	g. STATE	erylan	re deceased live	d. If institut b. COUNTY		time	
b. CITY OR TOWN (RURAL and give no Inver		its, write	c. LENGTH OF STAY IN 16		nverne	side corporate	imits, write f	RURAL ond	give nec	arest town)
d. NAME OF HOSPI OR INSTITUTION	AL (If not in hospitol, g		ddress)	d. STREET A		ar Ave.	8			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EDWARD	rst	Middle F '•	POTTS	t	4. DATE OF DEATH	Febr	uary	10	
S. SEX			D NEVER MARRIED	B. DATE OF BIRT	The second	lo	GE (In years st birthday)	Months	Days	Hours Min.
Male	White	WIDOWED		Sept. 6			63 yrs.			
Restaurant 13. FATHER'S NAME	king life, even if retired operator—F	ا مندا	IND OF BUSINESS OR INDU	Bal.	timore MAIDEN NA	. Md.			S.A.	WHATCOUNTRY
Willia	am Potts			Cath	erine	Kiltens	tein			
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s			nformant Margaret			Add	ress r Ave	-22	
Conditions, if a gave rise to i couse (o), stating lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under-	ART	2) Old ENOSCIETOS A DITRIBUTING TO DEATH BUT	S C	And Hy THE TERMIN	TEMOS METEN AL DISEASE CO	NOITION GI	Ed VEN IN PAR	RT 1(o) 1	9. WAS AUTOPS' PERFORMED? YES NO
	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture o	finjury in Po	ort I or Port II o	item 18.)	N.		
YOUR HOUR G. M. p. m.	Y Manth, Day, Ye	ar 20d. INJ While of work	Not while fo	ACE OF INJURY (ctory, street, office	Home, form, bldg., etc.)	20f. (City or t	own)	(County)	(Stote
21. I certify the alive on	and lattended the Eb 10 1	deceased, 19 3	of from JULY Good that death Source TESSNE			T, from the	couses or	nd on the		v the decease e stoted obove DATE SIGNE
220. BURIAL, CREMATIC	N, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY C	OR CREMATORY	2	22d. LOCATION	(City, town,	or county)		(Stote)
Burial (Specify)	2/13/59		Baltimore (Cemeterv		Bal:	timore	. Md-		
23. FUNERAL DIRECTOR Ullrich Fi	s signature meral Home	4210	Belair Road.		240. REC'D	BY REGISTRAR		ISTRAR'S SI	GNATU	RE
									and the same	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1617

CERTIFICATE OF DEATH

01615

								Keg. Dist	. 140.	
1. PLACE OF DEATH o. COUNTY Baltimor	·e		MARY	LAND	2. USUAL RESIDENCE	(Where deceas	ed lived. If institu b. COUNT		e before admission)	
b. CITY OR TOWN RURAL and give	(If outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	orote limits, write	RURAL ond gi	ve nearest town)	
Fort How			108 Days		Baltimore			(1)	3 VO1.4	1
	PITAL (If not in hospital, o	give street			d. STREET ADDRESS				e. IS RESIDEN	
	Administra	tion	Hospital		785 Georg	e Stre	et		ON A FARM	
3. NAME OF	Fi		Middle		Last	4. DATE		onth	Day Yeor	
(Type or print)	FRA	NK	J.		PROFFITT	DEATE	777 3		11 19	59
5. SEX			RIED NEVER MARRI	ED B	DATE OF BIRTH		9. AGE (In year	IF UNDER 1	YEAR IF UNDER 24	HRS.
Male	Colored	WIDOWI			February 28	3,1895	63 birthdoy)		Poys Hours M	in.
	TION (Give kind of work orking life, even if retired			R INDUST	RY 11. BIRTHPLACE (SI	ote or foreign			EN OF WHAT COU	NTR'
	orking life, even if retired		Shipping		East Gre	enwich	R. I.		S. A.	
Rigger 13. FATHER'S NAME			our bhane		14. MOTHER'S MAIDE		,			
James Pr	noff4++				Alice Pind	ler				
15. WAS DECEASED ET	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. IN	ORMANT		Ad	dress		
(Yes, no. or unknown) Yes	(If yes, give wor or dates of s	ervice)	17-09-4723		n.Rec.,Vet.	Adm. Ho			d. Marvla	nd
	EATH [Enter only one co									_
	EATH WAS CAUSED BY:		ARCINOMA O	•	CDEAS				ONSEL AND DEA	H
1 1-1-1	IMMEDIATE CAUSE (o	1	ARCINOPIA O	i. T. SATTA	CILLEAD				7 PONTIL	_
151	DUE TO									
Conditions, if)								
couse (o), stofin	g the under- DUE TO									
lying cause las										
PART II. 0	THER SIGNIFICANT CON	_				RMINAL DISEA	SE CONDITION G	IVEN IN PART	1(o) 19. WAS AUTO PERFORMED	PSY
		Ex	ploratory .	Lapor	atomy				YES NO	Y
G [(IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Port I or Po	rt II of item 1B.)			
20c. TIME OF INJU Hour a. m p. m	10	While	NJURY OCCURRED Not while t ot work	20e. PLAC	E OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (Cil etc.)	y or town)	(Co	ounty) (S	tate)
21. I certify	that Kattended the	deceas	ed from Octob	er 26	19 58 to I	Februar	v 11 1659	XXXXXX	900000000	X.Y
	XXXXXXXXXXXX									
-1KIEIGEIGE			, and the	acom	accorded of Marce,		Street, city or town		DATE SI	
ACTUAL SIGNATURE	X.to	Um			TAU TOD				2/72	120
SIGNATURE		Man A		M	D. VAH, FOR	L_HOWAH	THE TANK THE	WILL THE		27
PHYSICIAN'S NAME (Type)	RVING FREEMA	IN,M.	D., Chief, M	edica	l Service,	VAH, F	t. Howar	d, Mary	yland	
220. BURIAL, CREMATI REMOVAL (Specif BUTIAL	22b. DATE THEREC	_	22c. NAME OF CEMI Baltimore			Balt	TION (City, town,	or county)	(State)	
23. FUNERAL DIRECTO			ADDRECC		Tax a	EC'D BY REGIS		ISTRAR'S SIGN		
Aminatan S	S. Phillins		Baltimore		oe ot.	Mineral A	E-0			
Marie Albertal Line	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		- CALIFOR C	and a grant of the same	100	4 BASE 6 13	6757	" 03 K	80	

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funeral director, ild be filed with

may be retored by the haspitol or othending physician.

O FUNERAL

CTOR: After this certificate has been signed by the othending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR TO FUNERAL

VS A15 (4) 15M 10/57

Arlington S. Phillips

THE REPORT OF MEMBERS OF SERVICE THE PARTY OF THE OF DEATH Aller to the same of the same

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01616

-6		16:	18	CERTIFICA	ATE OF	DEAT	Ή		Reg. Dist. I		720
	ACE OF DEATH COUNTY	altimore	(RECE)	MARYLAND	2. USUAL o. STATI	Md.	Vhere deceosed	b. COUNTY	on: Residence b	efore odmis	sion)
b.	RURAL and give I	(If outside corporate limeorest town)	100	ENGTH OF STAY IN 1b	c. CITY 52		outside corpo	rote limits, write R	URAL ond give	nearest tow	n)
d	OR INSTITUTION	TAL (If not in hospitol, 6416 Fred				et address 416 F:	rederi	ck Ave		ON	SIDENCE A FARM?
D	AME OF ECEASED ype or print)	Giovanni	ina.	Middle Pr	ovenz	Last	4. DATE OF DEATH	Mon	-	Day	Yeor 19 59
5. SE	r.	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF July	13,1	878	9. AGE (In years last birthday) 80 yrs.	Months Doy		ER 24 HRS. Min.
100.	USUAL OCCUPATI during most of wor NOT	rking life, even if retired	1)	of Business OR INDU		THPLACE (Stor	te or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
13. F	ATHER'S NAME	Simo Cim:	lno			Mary	Grace				
	VAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. SOCI		ephen	G.Pr	ovenza	Add 1,6416 I		ick A	ve
CATION	Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT	the <u>under-</u> DUE TO	c)	RIBUTING TO DEATH 80'	T NOT RELATE	D TO THE TER	MINAL DISEASI	E CONDITION GIV	/EN IN PART 1(d	PERF	AUTOPSY DRMED?
RTIFI	or contributing	'AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter note	ore of injury i	n Port I or Port	t II of item 18.)			
MEDICAL	Hour o.m.	RY Month, Doy, Yo	While	Y OCCURRED 20e. PI Not while ot work	ACE OF INJU	RY (Home, fa office bldg., e	rm, 20f. (City	or town)	(Cour	ity)	(Stote)
	21. I certify to alive on	Dougle O	P. A	Jone that death		254 to at 4 3 350 Bu	ADDRESS (St	the causes an treet, city or town,		ate state	
220.	BURIAL, CREMATIC REMOVAL (Specify Burial		***	NAME OF CEMETERY C				Balto.M	- "	(Sto	te)
	tzke Fi		r.4101	Edmonds on	Ave.		C'D BY REGIST		STRAR'S SIGNA		

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TO HOSPITAL VS A15 (4) 15M 9/58

OI Covernotino evaluations of the series and series area .005. The state of the s Vinti SCATE VISIO Stophen G. Provents, 4416 Frederick ava Particular Later and Commencer THE STATE OF THE PARTY OF THE STATE OF THE S Birtis Called Ten Cabbedrel Caracacca Balto. Mr. 16th monthsquibl 1019. 1141 Istagn 4 odr 128 M

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain.

TO FUNERAL DI CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to buriol, cremotian, or remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01617

CERTIFICATE OF DEATH 1619

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	- CTATE	Maryla:		. If institutio	n: Residence befor Baltim	
b. CITY OR TOWN (IF RURAL ond give neo		c. LENGTH OF STAY IN 16	c. CITY OR	-	tside corporate lin	mits, write RL	JRAL and give nea	rest town)
	1. (If not in hospital, give stree 7 Ingleside A	oddress)	d. STREET A		eside Av	enue		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WALTER	Middle ARE	PRU		4. DATE OF DEATH	Mont	Feb. 25	
5. SEX Male	6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT		9. AG	E (In years birthdoy) 58 yrs.	Months Days	Hours Min.
Chauffe	N (Give kind of work done 10th ng life, even if retired)	. KIND OF BUSINESS OR IND axi-cab Driver		th Car	r foreign country) olina:			WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S					7 11 3 3
	ob Pruitt			Nancy	Elizabe			
	IN U. S. ARMED FORCES? 16 yes, give wor or doles of service)		informant frs. Pheb	a Prui	tt 7 Ing	Addre leside		tons. Md.
PART I. DEAT	mediate (Hyputensi	re artion	ain	dent cleroter lan d	via	ONS	RYAL BETWEEN ET AND DEATH LINE Syears
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU					EN IN PART 1(0) 15	P. WAS AUTOPSY PERFORMED? YES NO PERFORMED
OR CONTRIBUTING (CAUSE OF DEATH	SCRIBE FIOTY HOOK! OCCOR!	CED. (EMISE HOTOLOGIC	or injury in ro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11em 10.7		
20c. TIME OF INJURY Hour a. jr. p. m.	While		PLACE OF INJURY (factory, street, office	(Home, farm, e bldg., etc.)	20f. (City or tov	vn)	(County)	(State)
21. I certify the alive on24 ACTUAL SIGNATURE	James E. Rowe	2. Rowe	, 19 3°	130P	M, from the DDRESS (Street, c	causes a	nd an the dat	w the deceased e stated abave. DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	2/28/1959	22c. NAME OF CEMETERY Good Shephe		1	22d. LOCATION (ty, Md.	(State)
23. FUNERAL DIRECTOR'S	signature Sons	ADDRESS Catonsville	, Md.	24a. REC'D	BY REGISTRAR 2 7 '59		TRAR'S SIGNATUR	-

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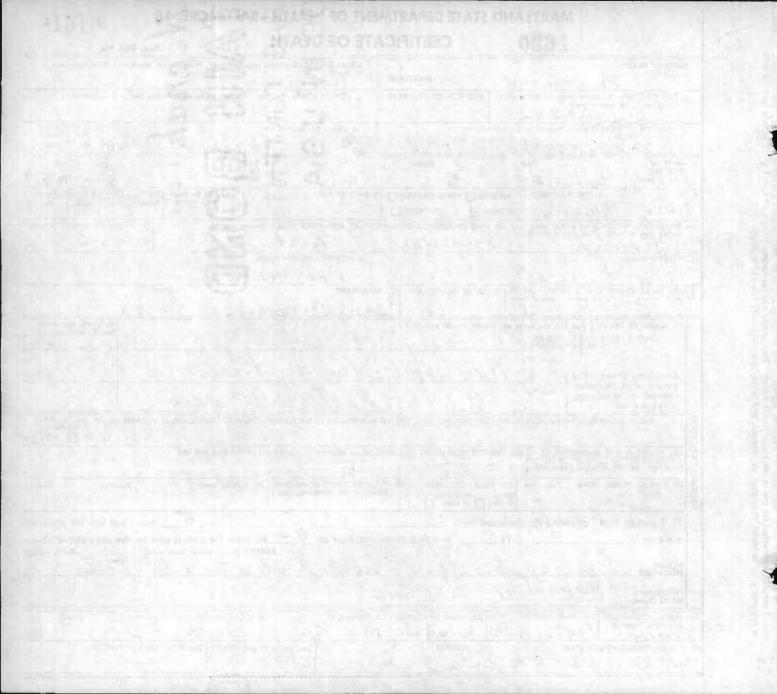
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01618

	1620	CERTIFICA	ATE OF DEATH	1 688	Reg. Dist	. No.	10
1.	PLACE OF DEATH O. COUNTY Baltinore	MARYLAND	2. USUAL RESIDENCE (WE O. STATE MARYLA	b. C			on)
	b. CITY OR TOWN (If outside corporate limits, write RUP) and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits,	write RURAL and give	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION CHEROKEE	DRIVE	d. STREET ADDRESS	LEROKE	E DRI		DENCE FARM? NO 🔼
3.	NAME OF First DECEASED (Type or print)	R Middle	Rady	4. DATE OF DEATH	Month 2-		eor 9 5 9
5.	SEX 6. COLOR OR RACE 7. MARR MQLE WHITE WIDOW	HED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In lost birth		YEAR IF UNDE	R 24 HRS. Min.
	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)		S. G.	COUNTRY?
	Not Known		14. MOTHER'S MAIDEN N	- NOWW			
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. no. or unknown) (17 yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	RULY GOLD	MAN-	Sqn E		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate DUE TO	sterioscle	reclusion rotic Ha	it Des	ease	INTERVAL BET ONSET AND LALLACE	laral
NOITA	lying cause lost. (c)	CONTRIBUTING TO DEATH BUT	A ANULUM NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS A PERFOI YES	RMED?
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Part II of item	18.)		4
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. While p. m. 19	Not while fo	ACE OF INJURY (Home, farm clory, street, office bldg., etc	20f. (City or town)	(Co	ounty)	(State)
	21. I certify that I attended the decease alive on 2/2/, 193 ACTUAL SIGNATURE Bernard D	~		M, from the ca ADDRESS (Street, city o	uses and on the		
7	PHYSICIAN'S DERNARD 20. BURIAL, CREMATION, 22b. DATE THEREOF	SUCG-11 22c. NAME OF CEMETERY O	V CREMATORY	24 LOCATION (C)			
L	Berray (Specify) FEB. 6, 1959	1.1 1 -	Him Ro	22d. LOCATION (City,	0.070	(Stote	*}
H	act Lewi Due 2100	Entaro (20	cece DATFEF		Carthun S. A		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01619

arthur S. Thank

CERTIFICATE OF DEATH 1621 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore q. STATE b. COUNTY MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Baltimore Pikesville (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Professional House - Slade Avenue ON A FARM? 3904 Annellen Rd. YES KI NO 3. NAME OF Middle 4. DATE DECEASED February 25 NATHAN RANDALT. 10 59 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days White WIDOWED [DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Kosher Meats U.S.A. Salesman Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Randall Sonia Omansky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) Mrs. Selma Randall-3904 Annellen Rd. #15. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of gastro-intestinal tract **DUE TO** Conditions, if ony, which due to carcinoma of Stomach gave rise to immediate DUE TO couse (a), stoting the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Q. m. While Not while at wark of wark 21. I certify that I attended the deceased from July 1954---, 19----, ta Feb 1959---, 19----, that I last saw the deceased DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) Nathan E. Needel Park Heights Ave. & Park Heights Terrace 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 2/26/59 Moses Montifiore Burial Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

FUNERAL page 10 VS A15 (4) 15M 10/57

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		N. S. M	

1	1 V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8/2	7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01620
hauld		Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
sho crem	-	Baltimore MARYLAND O. STATEMARY Land b. COUNTY
Page burial,		b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) ond give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Baltimore 21 54 Baltimore 21
pridir	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 350 E. Riverside Ave. d. STREET ADDRESS ON A FARM? YES \(\sigma \) NO (A)
yaur fi		3. NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) Clarence H. Riddel 1959
a po	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III yours IF UNDER 14 HRS
3 to the		Male White widowed Divorced May 17,1892 66 yrs. Months Days Hours Min.
and 3 be retained and 2 w		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Unemployed 12. CITIZEN OF WHAT COUNTRY U.S.A.
1, 2,		13. FATHER'S MAME
ges oges		William Riddel Alice Hall
Page ile p		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, poor or unknown) (It was not or doless of service) (It was not or doless of service) (It was not or doless of service) WII (It was not or doless of service) WII Eva B. Stover-350 E. Riverside Ave21
1. G. V.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
rm PA		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CORONARY Occluser ONSET AND DEATH
ith fa		420./ DUE TO
ing w		Conditions, if any, which gove rise to immediate couse (a) stating the underlying DUE TO
alar		(c), stoting the underlying (c)
Fice as a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
sed o	0	YES NO DE
d 'per		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)
the war ical Ex 3 shar		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour a. m. p. m. 19 of work at work
Med		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find the
writ OR:		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
he CT	11	ACTUAL MOST DATE SIGNED
Yo	, 2	SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
or the ce	DAD CHILD	EXAMINER'S M.B. DAVIS MI) DEPUTY MEDICAL EXAMINER D
cute farv TO FU	b	22c. NAME OF CEMETERY OR CREMATORY BEY 1a1 pecify) 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY Control Balto. Nd. (Slole)
S. A15ME(5)	3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 2 6 '59 ONLINE L. Kraua
5M 9/55	A.	John C. Milli Inc 243/-35 E. Olises. DATE EB 26:59 Contrar E. Kraus

MEDICAL EXAMPLES CERTIFICATE OF DEATH And Carlotte and State of the S . but the range of the land Intelligence to the second The second of th TO THE RESERVE TO SELECT THE PROPERTY OF THE PARTY OF THE The same of the same THE STANDARD CONTRACTOR ASSESSMENT ASSESSMEN

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		140	EDICA	L EXAMINER'S	CERTIF	ICA	TE OF	DEATH	Reg. Dis	it. No.	n1621
1. 7	COUNTY Bal	timore		MARYLAND	2. USUAL RESIL		Where deced	sed lived. If instit b. COUN'	rv _	altim	
Ь	CITY OR TOWN (II	autside corporate fimits, w	rite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR T		V	porate limits, write	RURAL ond	give neores!	town)
	and give nearest town	dalk 22			53	_	dalk	22			
ď			(If not in hos	pital, give street address)	d. STREET AL			Com Com		e. I	S RESIDENCE
	2811 0	ld North	Point	Road	2811 0	ld	North	Point R	load		NO NO
3, 1	AME OF	F	irst	Middle	Lost		4. DATE	Mon	th	Doy	Year
	Type or print)	Ar	thur		Ried	ke,	STOEATH	Feb	ruary	13	19 59
5. S	EX	6. COLOR OR RACI	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH			9. AGE (In years feet birthday)	IF UNDER 1	-	NDER 24 HIRS.
	Male	white	WIDOWE	DIVORCED [Sept. 24	,18	83	75 yrs.	Months D	lays Hou	rs Min.
10a.	USUAL OCCUPATION	ON (Give kind of war	k done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State	or foreign	country)	12. CITIZ	EN OF WH	AT COUNTRY?
Ci	nief Engi	g life, even if relired neer (ret		Maritine	Ge	rma	ny		U.	S.A.	
www.hardest	FATHER'S NAME				14. MOTHER'S N	AIDEN	NAME				
	Joh	n A. C. F	Riecke		Ame	lia	(u	nknown)			
		ER IN U. S. ARMED F		SOCIAL SECURITY NO. 17. H	NFORMANT			Address	1		
[Yes,	no. er unknown)	(If yes, give war or dates	of service)	Ar	thur Rie	cke	. Jr.	200 Oa	kweod	Road.	Zone 2
		TH [Enter only one c	ouse per line		0.11012		,			INTERVAL DE	
	PART I, DEAT 420./ Conditions, if a gave rise to immed (a), stating the scause last.	diote cause DUE TO	b) A-	5-e-V-DI	SEASE	LU3	SION			-	
CERTIFICATION				TUBLE OF SHIP BUT N					VEN IN PART		REORMED?
	20g. EXTERNAL CAL PRIMARY G or COI CAUSE OF DEATH.	ISE WAS NTRIBUTING	20b. DESCRIBI	E HOW NIURX/OPCURED. (E	nter nature of inju	ry in Pa	rt I ar Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour e. m. p. m.	RY Month, Doy, Y	While	1 1 1 1	CE OF INJURY (He ory, street, office t	ome, formaldg., etc	m, 20f. (Cil	y or lown)	(Cour	nty)	(State)
	21. I certify th	at I taak charg	e of the r	emains described aba	ve, held an	Autops	sy 🗍, I	nspection [Inquiry	D	and in my
	opinion death	resulted from:	Natural o	causes . Accident [, Suicide		Homicide	, Undet	ermined m	Name of Street]
	ACTUAL SIGNATURE	10/8	300	avis	M.D.		XAMINER [5.00 F 11 H	1- /	DAT	TE SIGNED
	EXAMINER'S NAME (Type)	M.B.	01	ovis mi			EXAMINER		1/1	4/5	9
	BURIAL, CREMATIC REMOVAL (Specify)	2-16-5		22c. NAME OF CEMETERY OR Green Mou			-	TION (City, town, ltimore	or county)	(5	ijore)
	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		40. REC	D BY REGIS	TRAR 24b. REG	STRAR'S SIG	NATURE	
W:	illiam Co	ok, Inc.	1217	St.Paul Stre	et	DATE	B 1 6 '59	On!	hun S. to	raise	

TO DEPUTY MINICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is pecessary, please execute the rificate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the fung, director. Page 4 shauld be orwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 8M 2/57



MARY AND STATE DEPARTMENT OF PLANTS BARROOK 18
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The product of the Property of				
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may be refered by the haspital or attending physician. **D FUNERALL RECTOR:** After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. may be ref

TO HOSPITAL VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1623 **CERTIFICATE OF DEATH**

01622 Reg. Dist. No.

	COUNTY BE	ilto.		MARYLAND	O STATE	Md.		l lived. If institut b. COUNTY	_	alto		ion)
b.	CITY OR TOWN (IF RURAL ond give new Catons		, write	c. LENGTH OF STAY IN 16			outside corpor	rote limits, write l	RURAL and	give near	res) fown)
d	NAME OF HOSPITA	L (If not in hospital, given	e street	oddress)	d. STREET						. IS RES	DENCE FARM?
	-	oll Acade	my :	Rd.	511	Acad	lemy F	Rđ.				NO 🗆
D	AME OF ECEASED ype or print)	Anna		Middle Louise	Rile		4. DATE OF DEATH	Mo Fe		Day 20		reor 9 59
5. SE	X	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		V		9. AGE (In years last birthdoy)	IF UNDE	RIYEAR		100
	F		WIDOWI			7.18	391	last birthdoy) 68 yrs.	Months	Days	Hours	Min.
10a.	USUAL OCCUPATIO during most of worki	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHP			ountry)	12. C	ITIZEN OF	F WHAT	COUNTRY?
	Houseke	eper		Home		Md.						
13. F	ATHER'S NAME	70 6 1			14. MOTHER'S							
		Patrick		E/		lary	Schmi					
15. V	VAS DECEASED EVER	IN U. S. ARMED FORCE f yes, give wor or dotes of ser	ES? 16.		. INFORMANT	10.75		Ade	iress		. 75	
					Charles	T. F	Riley	511 Ac	adem	y Ro		
S. C.	200. ACCIDENT WA	er Significant cond	- The	CONTRIBUTING TO DEATH B	des.				VEN IN PA	RT 1(o) 19	PERFO	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. If While of wor	Not while	PLACE OF INJURY foctory, street, offic			or town)		(County)		(State)
	ACTUAL SIGNATURE	at l attended the	deceas ., 19	ed fram. MALE			€_M, fram		and an		e state	
	PHYSICIAN'S NAME (Type)											
	BURIAL, CREMATION			22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, town,	or county)		(State	•)
220.	NAME (Type)	2-23-5		22c. NAME OF CEMETERY Cathedra ADDRESS	or crematory		22d. LOCAT	Balto.	or county)			•)

IT OF DEATH		ESGI	
Ange of the			
TO MAKE	IN THE PROPERTY OF		MILITERACIO DAVI SI
			21 Eugenly

P.MA

MARYLAND	STATE DEPARTMENT OF HEALT	H-BALTIMORE, 18
1624	CERTIFICATE OF DEAT	н .

01623

	Reg. Dist. No.
1. PLACE OF DEATH BOLLS MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COONTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 100	c. CITY OR FOVAN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION Wood believe live & Alexanter Juin Maj	A STREET ADDRESS ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Middle (Type or print)	Robert 4. DATE OF Manth Day Year OF DEATH HOLV. 12 1939
s. sex 6. COTOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED	Gran 20, 1870 Syrs. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during) most of working life, even if retired the following from the supply that work done 10b. KIND OF BUSINESS OR IN during most of work done 10b. Most of work done 10b	DUSTRY 11. BIRTHPIACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
6 harles J. Roby	14. MOTHER'S MAIDEN NAME Juntlenson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) Ilf yes, give wor of Goles of service)	M. Edward Roby 12/2 Hanvouri
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	De compensation Interval Between Onset and Death
	Cardio vascular Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
	RRED. (Enter nature af injury in Part I ar Port II af item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.)
	Well, 1955, to February, 1959, that I last saw the deceased
ACTUAL SIGNATURE FORESTE DECEMBER SUBJECT OF STREET	ath accurred at 12/59. M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ANDRESS (Street, city or town, state) ANDRESS (Street, city or town, state)
PHYSICIAN'S Joseph Deckelbaum 4017 Li	berty Hgts Ave Balto 7 Md 3-12
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) Fill-16-59 Removal (Specify)	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH	
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01624

	1625	CER	TIFIC	ATE OF DEATH		Reg. Di	st. No.	64
1. PLACE OF DEATH o. COUNTY	Tagas 8	M	ARYLAND	2. USUAL RESIDENCE (Who	ere deceased li	b. COUNTY	ce before admission	
b. CITY OR TOWN (If a	utside corporate limits, est tawn)	write c. LENGTH OF ST		c. CITY OR TOWN (If a	utside carporat	e limits, write RURAL ond	give nearest tawn)	
d. NAME OF HOS ITAL OR INSTITUTION	(If not in hospital, give Cades			d. STREET ADDRESS	mu o	ave	e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	JOHN	WILLIA	idle 9M	RUNK	4. BATE OF DEATH	Month FEB,	Day Yea	-
5. SEX MALE	1.1-	MARRIED NEVER MA	RRIED	B. DAJE OF BIRTH	283 "	AGE (In years last birthdoy) yrs. IF UNDER Months	Days Hours	Min.
Oa. USUAL OCCUPATION during mast of working	(Give kind af wark da g life, even if retired)	Bloke Bre	S OR INDO	ISTRY 11. BIRTHPLACE (SIOIE OF	Can	oly) 12. CIT	LICS Q	UNTRY?
John I	N. V. S. ARMED FORCE	16. SOCIAL SECURITY	NO. 17.	INFORMANT	Str	resifer:	>	
	yes, give war ar dates of serv		11	m J.H. Rus	do la	way mo	16. ma	/
	I (Enter anly one caus WAS CAUSED BY: WMEDIATE CAUSE (a)_ DUE TO		l Her	norrhage			INTERVAL BETWONSET AND DE	rs.
Canditions, if any gave rise to improve the cause (a), stating the lying cause last.	nediate (retic Hyperi ular Disease		70		
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE C	CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUT PERFORM YES N	ED?
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING 2 CAUSE OF DEATH EDICAL EXAMINER)	06. DESCRIBE HOW INJUR	Y OCCURR	ED. (Enter noture of injury in P	art I ar Part II	af item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED While Nat while at wark at wark	20e. Pl	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City or	r town) (i	Caunty)	(Stote)
alive on Fe			nat deat		M, fram ADDRESS (Street	the causes and an t et, city or town, state)	he date stated DATE	abave.
PHYSICIAN'S NAME (Type)	artin E.	Strobel M.	0.775	мь48 Main S	treet	Reisterst	cown 2-	12-5
220. BURIAL, CREMATION, REMOVAL (Specify)	FEB.14,1	1950 Square	EMETERY O	DR CREMATORY	22d. LOCATIO	ON (City, town, or county)	(Stote)	n
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS O	inte	a Md . DATE B	BY REGISTRA	R 24b. REGISTRAR'S SIG		

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	the state of the state of the second state of	
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VS A15 (4) 1SM 9/58

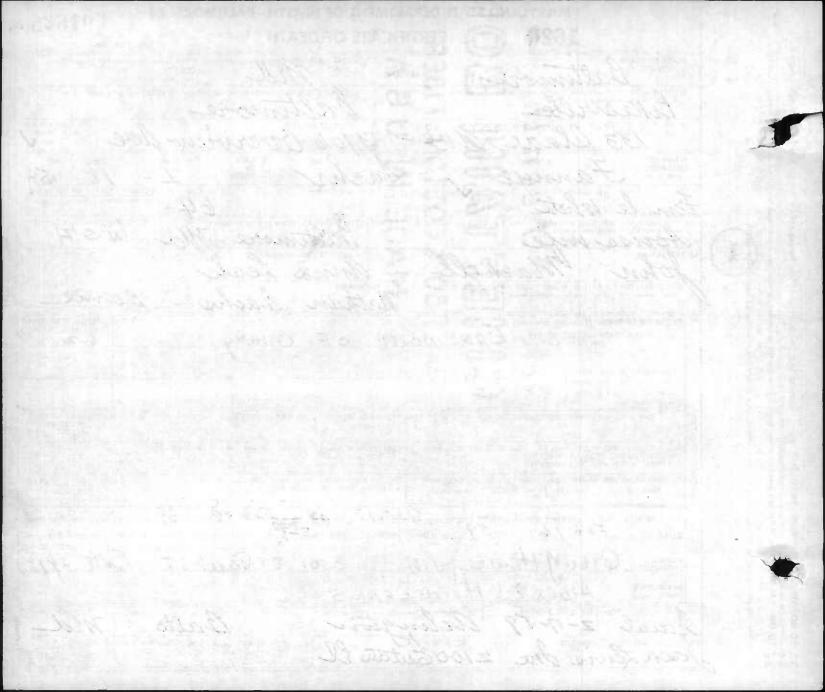
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1626

CERTIFICATE OF DEATH

Reg. Dist. No.

01625

1		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND D. COUNTY D. COUNTY
		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) BULLINGTH OF STAY IN 1b C. CAT OR TOWN, (If outside corporate limits, write RURAL and give nearest town) BULLINGTH OF STAY IN 1b C. CAT OR TOWN, (If outside corporate limits, write RURAL and give nearest town)
3		d. NAME OF HOSPITAL (IF no in believe trestinodress) House of institutions of institutions of institutions of institutions of the property of the contract of
		NAME OF DECEASED (Type or print) Famule / Lachs Death Death Day, Year DEATH Z - 1859
%	5.5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years light birthear) Months Days Haurs Min.
1	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) House Welle Was A 12. CITIZEN OF WHAT COUNTRY? House Welle Was A
)	13.	John Markell Tima teah
0		(If yes, give war or dates of service) 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. WINFORMANT Lachs - Lac
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF OURY 175.0 DUE TO
		Canditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c) (c)
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.
,		21. I certify that I attended the deceased from GC/1/7, 19 58, to Feb. 16, 1959 that I last saw the deceased alive an Feb. 16, 1959, and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED
		PHYSICIAN'S NAME (Type) AlberTJ HIMELFARB
	1	AURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF ZEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23/	ADDRESS ADDRESS SIGNATURE ADDRESS ADD



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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1627		CERTI	FIC/	ATE OF I	DEATH		IIMORE, I	Reg. Dist	h No.	n	1621
1. PLACE OF DEATH O. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RESI o. STATE	Md.	ere deceased	l lived. If institution b. COUNTY			admissia	en)
b. CITY OR TOWN (RURAL and give n	If outside carporate limited acrest town le in the care in the car	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	Balt:	utside corpoi Lmore,	rote limits, write R	URAL ond gi	ve neares		
d. NAME OF HOSPI OR INSTITUTION COLL	ral (If not in hospitol, g	ive street	address)		d. STREET A		N. Ca	lvert St	•		IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	Edith		Miller Middle	Sap	pington	1	4. DATE OF DEATH	Feb. Mon		7 Day	Ye	59
5. SEX Female	6. COLOR OR RACE white	7. MARR	HED NEVER MARRIE		8. DATE OF BIRT Sept. 3			9. AGE (In years loss brithdoy) yrs.	Months [UNDER	24 HRS. Min.
10a. USUAL OCCUPATION during most of wor Housew	king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU		ACE (Stote of			12. CITIZ	EN OF V	WHAT C	OUNTRY?
13. FATHER'S NAME George	H. Miller				14. MOTHER'S	MAIDEN N	AME Kurt	z				
15. WAS DECEASED EVE [Yes, no. or unknown]	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		NFORMANT SS Julia	nna P	aca 2	931 St.		St.		
PART I. DEA 49/X Conditions, if a gove rise to i couse (a), stating lying couse last.	mmediate (, //	re for (0), (b), and (c).	uun	nonia					INTERY ONSE	AND D	
200. ACCIDENT WAR OR CONTRIBUTING	HER SIGNIFICANT CON WASON TO GO AS UNDERLYING D GO MEDICAL EXAMINER)	2nera	CRIBE HOW INJURY OF	erio	selevas	is			EN IN PART	100	WAS AL PERFORI	MED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yes	20d. In While of worl	Not while	20e. PL	ACE OF INJURY (ctory, street, office	Home, form, bldg., etc.	20f. (City	or town)	(Co	ounty)		(State)
ACTUAL SIGNATURE PHYSICIAN'S ETNAME (Type)	Enus C nest B. Bro	19.3 Brown J	r. M.D.	death	м.р. <u>]] (</u>	1 M.	M, from	the causes a cet, city or jown,	nd on the		stated	
220. BURIAL, CREMATIC BREMOVAL (Specify)	Feb. 10,		.1				Balti	MOTE,		Ma	(State)	
John O. Mit	chell & Son	as In	o. 1900 Eut	taw	Place	240. REC'D	BY REGISTION 159		TRAR'S SIGN			

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1628

CERTIFICATE OF DEATH

Reg. Dist. No.

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Pages 1 and

Then please remave carbon paperent within 72 haurs after death.

permit.

detached for use as the burial-transit burial, cremation, or removal, and

the attending physician

ATTENDING PHYSICIAN: The law requires that the death certificate be

and campletely filled

death. Page 4

1, PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

73AL111	noke	MARYLAND	mD.	
RURAL and give nearest to	wn)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN	_
d. NAME OF HOSPITAL (IF MOR INSTITUTION BOOK		address)	d. STREET ADDRESS	
NAME OF	First	Middle	Lost	4. [

AWN

corporate limits, write RURAL and give nearest town)

OR INSTITUTION 6704 DOGLOOD RD	6. IS RESIDENCE ON A FARM? VES NO DE
3. NAME OF DECEASED (Type or print) HELEN NELLIE SAUT	Last 4. DATE Manth Day Year OF DEATH FEB. 22 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH JULY 8, 18 75 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME 40 ME	USTRY W. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY LAKE CITY MINN. USA
13. FATHER'S NAME MARSHALL BANKS	MARGAREIT HILL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	HELMA FRINN 6704 DOGWOOD RD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRA L	ARTEROSCLEROSIS INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

Conditions, if any, which	OUE TO SENI	4174		
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	OUE TO			
PART II. OTHER SIGNIFICA	T CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT WAS UNDERLYING

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

(IF I	EITHE	R, NO	OTIFY M	EDICAL E	XAMINI	ER)
20c.	TIME	OF I	NJURY	Month,	Day,	Y

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

	р. г	n.			ar work L	J ar w
21. 1	certify	that	l attended	the	deceased	from

19 9, that I last saw the deceased

and that death accurred at 22.30 A.M. from the causes and on the date stated above.

ACTUAL SIGNATURE

DATE SIGNED

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION,

22b. DATE THEREOF

22d. LOCATION (City, town, or county)

(State)

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE LA

may be retain TO FUNERAL D VS A15 (4) 15M 10/57

O HOSPITAL

page 3 should be the registrar prior

VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1629 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

01628

Reg. Dist. No.

1. [LACE OF DEATH	TIMORE		MARYLA	11	2. USUAL RESI	DENCE (W			YTALL	T I MOI		re admis	sion)
1		outside corporate limi arest town)	ls, write	c. LENGTH OF STAY IN	1716	c. CITY OR	4.	outside corpo		write RL	JRAL ond	give ne	arest tow	n)
ľ	OR INSTITUTION	AL (If not in hospital, g				d. STREET A	DDRESS	COLLEGI						SIDENCE A FARM?
	NAME OF DECEASED Type or print)	JOYGE	st	MARIE.		SCALL	1	4. DATE OF DEATH		Mont	RUAR	Do	•	Yeor 1959
5. 9	F F	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		AUGUS	Н	1958	9. AGE (In lost but)	years				ER 24 HRS. Min.
100	USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired	one 10b.	KIND OF BUSINESS OR	INDUST		ACE (Stote		ountry)			TIZEN C		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME						
		T SCALLY					DORIS	JOYCE						
		R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. IN	PARENT:	S			Addr				
CERTIFICATION	PART 1. DEAT 491 X Conditions, if an gove rise to in couse (o), stoting t lying couse lost.	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO Ty, which a mediate the under: (c) LER SIGNIFICANT CON)) DITIONS	ASPHYXIAT ACUTE BRO CONTRIBUTING TO DEAT CRIBE HOW INJURY OCC	H BUT N	OT RELATED TO					EN IN PAI	3	PERFO	D DEATH EC
MEDICAL CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yea	20d. II While of wor	NJURY OCCURRED 2	0e. PLAC	CE OF INJURY (Home, form	m, 20f. (City	or town)			(County)		(Stote)
	ACTUAL SIGNATURE	Plan (A4	dusin	leath of	occurred at	5:3	OAM, from ADDRESS (S AVE •	n the cat treet, city or	Ises a	nd an i	the do	ite stat	
	PHYSICIAN'S NAME (Type)			DERSEN, M.D.				T						and the side was take one one one
	BURIAL, CREMATION REMOVAL (Specify)	2-13-	59		SCP	CREMATORY COL		16	TION (City.		14	4.	(Sto	te)
23.	emard	Kuck	53	30 Han	for	d All	240. REC	EB 1 3			Thun &	- 11		

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DISCHONITIAN STRUCTURE OF STATE OF ALVIAN

CERTIFICATE OF DEATH

1630

Rea Dist No.

01629

1. PLACE OF DEATH a. COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDENCE a. STATE Maryland	E (Where deceased lived. If b. C	institution: Residence	befare admission)
b. CITY OR TOWN (II RURAL and give ne	f outside carporate limits, writ arest tawn)		and the second	(If autside carporote limits,		e nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give str	15 years	d. STREET ADDRES	ss /		e. IS RESIDENCE ON A FARM?
5656 Ca	yln Road		5656 Cay	In Road		YES NO
3. NAME OF DECEASED (Type or print)	First LILLIAN ELIZA	Middle BETH SCHROFPFOR	Last	4. DATE OF DEATH	Month February	Day Year 10, 1959
5. SEX		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (1 last bit 78	n years IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Dys Haurs Min.
100. USUAL OCCUPATION	N (Give kind of work done)	0b. KIND OF BUSINESS OR INDU	January 20 STRY 11. BIRTHPLACE (S			EN OF WHAT COUNTRY
Housewif	ing life, even if retired)	Home	Virgin	ia	U	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAID			
John Car	ter		Mary E	lizabeth Jen	kins	
[Yes, no, or unknown]	R IN U. S. ARMED FORCES? If yes, give war or dates of service)		NFORMANT	0.1	Address	D ,
No			. Henry P.	Schroepfor,	5656 Cayin	Road
	TH [Enter anly ane cause pe TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carello (o), (b) and (c).]	sculer	Lemorhe		ONSET AND DEATH
Canditians, if or	DUE TO	ASCVD		6		+10 mg
gave rise to in cause (a), stating t lying cause lost.	he under-					
) (c) ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDIT	ION GIVEN IN PART 1((a) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. [CAUSE OF DEATH MEDICAL EXAMINER]	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	y in Part I or Part II of item	18.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	Wh		ACE OF INJURY (Home, ctory, street, affice bldg.	farm, 20f. (City or town)	(Cou	inty) (Slate)
21. I certify the	at I attended the dece	ased fram 1/12	. 1909, to	2/10	19_£Z,that I las	st saw the deceases
alive an	2/20 15	2_17, and that death	accurred at 1	M, fram the co	uses and an the	date stated above
ACTUAL SIGNATURE	Vila =	7-Km	M.D.	ADDRESS (Street, city o	ir tawn, stote)	DATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. Victor F	King/	715 Fre	derick Ave.	Catonsvil	le, 28, Md.
22a. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY O		22d. LOCATION (City		(State)
Burial 23. FUNERAL DIRECTOR'S	Feb. 13,195	9 Lorraine			n. Marylan	
		ADDRESS		REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNA	

funeral director, uld be filed with eath. Page 4 may be retain by the hospital or attending physician.

TO FUNERAL DIX CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hosts after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

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VS A15 (4) 15M 10/57

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The second	(A. F. (B)			

		1032	CERT	IFICA	TE OF DEA	TH		Reg. Dist. N	No.
1. PLACE OF DEAT o. COUNTY	130	eltim	eoze MAI	RYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If institution b, COUNTY	Residence be	efore admission)
b. CITY OR TOV RURAL ond gi	xe nearest town)	porote limits, write	c. LENGTH OF STA	Y IN 1b	55-1	VION	prote limits, write R	URAL ond give	nearest town)
	OSPITAL (If not in	hospitol, give street	t oddress)		1 d. STREET ADDRES	ickon	y Lot	Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EL	First	D Midd	SEI	ARLS Lost	4. DATE / OF DEATH	Feb Mon	15	Day Yeor
5. SEX	6. COLOR	OR RACE 7. MAI	RRIED NEVER MAR		DUD 8	1869	9. AGE (In years lost birthdoy) SG yrs.	Months Day	AR IF UNDER 24 HR
during most of	PATION (Give king working life, even	d of work done 10th	. KIND OF BUSINESS	OR INDUS	TRY 11 SIRTHPLACE I	Stole or foreign of	il n. J	12. CITIZEN	S.A.
13. FATHER'S NAM	nk	Har	ris		14. MOTHER'S MAJO	EN NAME	Walk	er	
15. WAS DECEASED [Yes, no. or unknown]	OEVER IN U. S. A	RMED FORCES? 16 or dates of service)	S. SOCIAL SECURITY N	10. 17011	L. Wellin	aton!	Hearl	L X	Jame
			line for (o), (b), and (MORRIN	BOE		0	NTERVAL BETWEEN PASET AND DEATH
331	if ony, which)	DUE TO	VEROX 1 DE	0 1	PETERIOS		S15 M	MD	
	to immediate ting the <u>under-</u> lost.	DUE TO	WIPERT	ENS	20 N				
PART II. VOID OR CONTRIBU	OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPS PERFORMED? YES NO
	T WAS UNDERLYITING CAUSE (OTIFY MEDICAL EX	OF DEATH	SCRIBE HOW INJURY	OCCURRED). (Enter nature of injur	y in Port I or Pol	t II of item 18.)		
Hour o	NJURY Month, . m.	Whil	NJURY OCCURRED Not while ork of work		CE OF INJURY (Home, tory, street, office bldg		y or town)	(Coun	ty) (Stat
21. I certif	y that I atter	ided the deced	ised from MAY		, 1953, ta	FEBS W from			saw the decea
ACTUAL SIGNATURE_	T.C.J	win	Li.		w.o. 157 Cd	ADDRESS (S	treet, city or town,		DATE SIG
PHYSICIAN'S NAME (Type)	T.C.	SIW	INISICI	/	Town	SON	4 19.)	
220. BURIAL, CREN REMOVAL (Sp		TE THEREOF - 17195	22c. NAME OF CE			22d. LOCA	TION (City, town,	md.	(Stote)
23 PUNERAL DIREC	TOR'S SIGNATUR	RE ATTOM	ADDRESS HADO	5-1/1	b Pd DAT	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNA	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, Page 4 may be related by the hospital or attending physician.

TO FUNERAL DECTOR: After this certificate has been signed by the attending physician and campletely filled in the former of director, page 3 should be detached for use as the burial-transit permit. Then please remove capba papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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		THE PERSON NAMED IN	

- CAS

e. IS RESIDENCE ON A FARM?

YES NO DO

Year

IF UNDER 24 HRS.

Hours

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INTERVAL BETYGEN ONSET AND DEATH

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PERFORMED? YES |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01633

				Keg. Dist. N	0.
1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If inst b. COU		ore admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) KOGERS FORGE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OUT X ROGERS	tside corporate limits, wr	ite RURAL and give no	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 313 OVERBLOOK	r address) ROAO	d. STREET ADDRESS	EBROOK RO	040	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HARRY	C. S	SIFFRIN	4. DATE OF DEATH FEE		19 5 9
5. SEX 6. COLOR OR RACE 7. MAR WIDOW	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		R IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KEPRESENTATIVE	RANSPORTATION	STRY 11. BIRTHPLACE (State of MARY LA	r foreign country)	12. CITIZEN	S. A.
13. FATHER'S NAME THOMAS C. Si	FFRIAL	14. MOTHER'S MAIDEN NA	-	J W000	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		NFORMANT 2S EVA B. SI	FFRIN	Address AB	OVE
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) UE TO Conditions, if any, which gove rise to immediate cause (a), stating the under. DUE TO	CORENARY	INSUFFICE	SION	O1	TERVAL BETWEEN USET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYIN	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	irt I ar Part II of item 18.	.)	
A Hour a.m. While	1-	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)		(County	r) (Stote)
21. I certify that I attended the decea alive an 19	1	, 1958, to occurred at /2:05			
ACTUAL SIGNATURE H. Fruil		M.D	Lights	5 Bu	1.30
TOAME (1990)	MAN HD		Monge	٧	
220. BURIAL, CREMATION, PEMOVAL (Specify) 2-24-59	PARKWOOD)	BALTO. C	. o .	(State) MD.
23. FUNERAL DIRECTOR'S SIGNATURE H. W. W. W. L. & SOLIS CO	4905 NOV D	24a. REC'D		REGISTRAR'S SIGNATI	URE

e funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page D FUNERAL DECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OF may be retaited TO FUNERAL D

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEASTH-HALTIMORE, 18

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	The state of		Survive:

n1634

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY BALTO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	ESSEX	54 /= S S EX
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	22711 MARLYN HIE	822 CASTER MYE, YES NO
	3. NAME OF DECEASED (Type or print) GEORGE A S	Lost 4. DATE Month Day Year OF
		16K1S1 DEATH FEB. 4 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	MALE WHITE WIDOWED DIVORCED	8-22-03 53yrs. 10013 mill.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A A CHINIST RHEEM CO	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
G	5 25	
1	GEORGE MI. SIGRISI	GRACE PERSONETTE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (Yes, no or unknown) (If yes, give wor or dates of service)	NFORMANT Address
	216-03-4151 M	RS, ANN SIGRIST 822 EASTERN BLY
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b)	en los firatore failure de la Proposition de la
	gave rise to immediate cause (a), stating the under-lying cause lost.	a of toxil, right 6 mes
	CA ₁	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City ar lawn) (County) (State)
	21. I certify that I attended the deceased from 4-30	1957, to 2 - 6 - 1957, that I last saw the deceased
		occurred at 6.45 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 417/2 Zastern Che Bo Ot 21, 2014
1	PHYSICIAN'S MAXWell H. MUND	2-9-5
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BEROVAL (Specify) 2-9-59 Dankers	(Society)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	Jahn G. Connelly 418 Castern	Steel. DATEFEB 1 1'59 Civing & House

TO HOSPITAL PA VS A1S (4) 15M 10/57

XIII TO THE REAL PROPERTY.		
	r.	
SANTE PROPERTY		

01635 Reg. Dist. No.

		<u> </u>								
1. PLACE OF DEATH o. COUNTY	altimore		MARYL		USUAL RESIDENCE (Who. STATE Maryle		d lived. If institution b. COUNTY		before odmi	
b. CITY OR TOWN (RURAL and give n	f autside carporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF o	utside corpo				
d. NAME OF HOSPI	AL (If pot in hospitol, ord Mill R	er s oed	home"	1	d. STREET ADDRESS Hillside Av	renson renue			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	SUSAN		Middle SKIPPER		Lost	4. DATE OF DEATH	Mont February		Doy 1959	Year
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	1 8. D	ATE OF BIRTH			IF UNDER 1		.,
Female	White	WIDOWE			pt. 14, 187	73	9. AGE (In years last birthday) 85 yrs.		ays Hours	
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	ar foreign c	ountry)	12. CITIZI	EN OF WHA	TCOUNTRY
Housewife			wn Home		Maryla	nd		3.7	USA	
13. FATHER'S NAME		1	19/19/19	14	. MOTHER'S MAIDEN N	IAME				
Edward	Burnham				Hannah E	Burnha	m			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	MANT		Addr	ess		
No.	(If yes, give wor or dates of s None	9.7	one	Fami	ly records					
PART 1. DEA 2 90. O Conditions, if a gave rise to i cause (a), stating lying couse last. PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under: IER SIGNIFICANT CON	DITIONS	Per warders Contributing to Dear CRIBE HOW INJURY OCC	esal	April			Arthri veralega EN IN PART I	PERF	170 ge
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED 2 Not while k of work	PLACE of factory,	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (Cit)	or town)	(Cor	unty)	(State)
21. I certify the alive on	ot I attended the	decease , 19 J	4.40	deoth occ	31.1				date stat	
220. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL 28 FUNERAL DIRECTOR	Feb. 13.1		ADDRESS		Cemetery 240. REC'E	Luth	RAR 24b. REGIS		IATURE	ite)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be released by the hospital or otherding physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours—after death.

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VS A15 (4) 15M 10/57

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Balto. Md.

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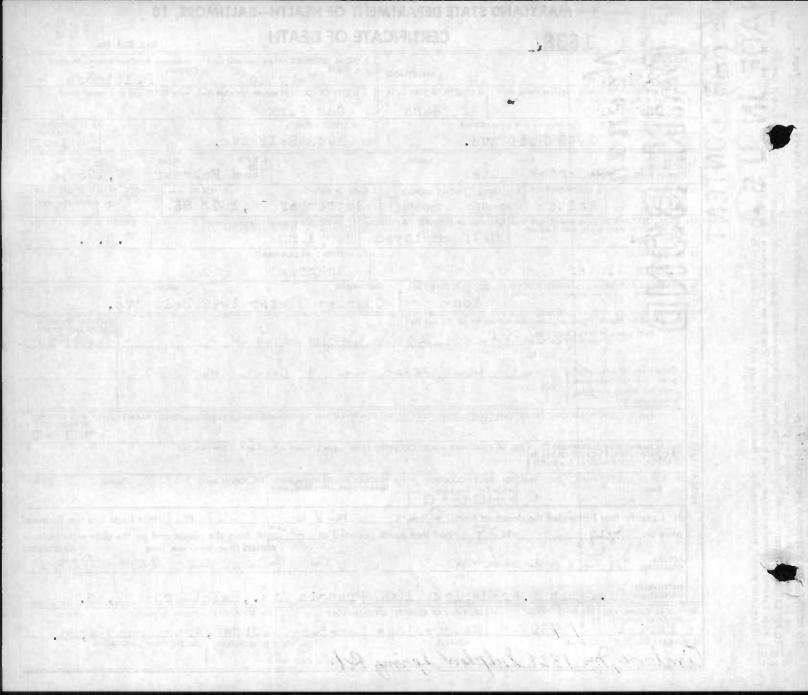
TO FUNERAL D
page 3 should if TO HOSPITAL

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

01637

1000	OEKIII (G	AIL OF BLATE		Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (WH	nere deceased lived. If institut	tion: Residence before admission)
Baltimore	MARYLAND	o. STATE Mary	land b. COUNTY	Beltimore
1	NGTH OF STAY IN 16			RURAL and give nearest town)
RURAL ond give nearest town) Oak Park	3 Years	X Oak Parl		g. v,
d. NAME OF HOSPITAL (If not in haspitol, give street address		d. STREET ADDRESS	7	e. IS RESIDENCE
OR INSTITUTION 1942 Bell Ave.		1942 Be	17 /770	ON A FARM?
		Late De.	LI AVE.	YES NO 📝
3. NAME OF DECEASED (Type or print) Federick Slater	Middle	Lost	4. DATE Mo OF DEATH Februs	ary 27, 1959 ₁₉
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED [September	24, 1873 85.	Months Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Farmer Sel1	f employed	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
John Slater		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17.	INFORMANT	Ade	dress
(Yes, no. or unknown) (If yes, give war or dates of service)	one (Tharles Slat	ter 1942 Bel	ll Ave.
1B. CAUSE OF DEATH [Enter only one cause per line for		71101 200 520	Ser read Des	
PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).]	1 1		ONSET AND DEATH
IMMEDIATE CAUSE (o)	readical	on/one +	un	Sudden
420, DUE TO		- 0	510,000	
Conditions, if ony, which	sis Icles	vers & De	ascular Il	alune l
gove rise to immediate couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OF OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CONTRIBUTI	HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PI	ACE OF INJURY (Home, form	20f. (City or Jown)	(County) (State)
	Not while for	ctory, street, office bldg., etc.)	(comp)
	0		2/12 2	
21. I certify that I attended the deceased from		, 1957, to		L,that I last saw the deceased
alive on	, and that death	accurred at 4	M, fram the causes	and on the date stated above
ACTUAL ON STORY		1 - 1	ADDRESS (Street, city or town,	, stote) DATE SIGNED
SIGNATURE IV Cheverus "	M)	M.D. 1305 +	runas line	42) 4/27/05
PHYSICIAN'S				
NAME (Type) Dr. James N. Frede)	cick 130	Francis Av	ve. Halethon	rna 27.Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY C			
VEHIOTAL Tabecuiti	NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
		Cemetery	Dorsey Anne	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** l director, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND death. uneral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) Pla d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION hours .5 5 NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) e DIVORCED camples papers. WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (Stote or foreign country) death. during most of working life, even if retired) puo carban offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate Swanner Saran mave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 attending death 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO þ Conditions, if any, which been signed transit permit gave rise to immediate DUE TO cause (a), stating the underpup lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate SO 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year factory, street, office bldg., etc.) Hour o. ft. While Not white of work of work p. m. 21. I certify that trattended the deceased fram. alive on by the and that death occurred at M, fram the causes and an the date stated above. SIGNATURE

should refain HOSPITAL FUNER n page 0 0 VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type

220. BURIAL, CREMATION,

REMOVAL (Specify)

23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

0

22b. DATE THEREOF

24g. REC'D BY REGISTRAR DATE FEB 9

24b. REGISTRAR'S SIGNATURE Circhan S. Frank

22d. LOCATION (City, town, or county)

Reg. Dist. No

0

Months

IS RESIDENCE

ON A FARM? YES NO P

Year

19.5

Min

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

that I last saw the deceased

(Stote)

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20 per la Recisió de Carte Carte de Car THE RESIDENCE OF THE PARTY OF T

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CERTIFICATE OF DEATH

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Dis.	8.14						

10411		ua8'	DIST. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residue. STATE Baryland b. COUNTY Ba	dence before admission) Ltimone
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or 55 Towson	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 6508 Loch H		1 d. STREET ADDRESS 6508 Loch Hill Road	e. IS RESIDENCE ON A FARM? YES NO XX
3. NAME OF First DECEASED (Type or print) Mrs. Lida	Middle	Smith 4. DATE Month OF DEATH February	Doy Year 14th 1959
temale white WIDOWE		Nov 16, 1879 last birthday) Month	
10a.USUAL OCCUPATION (Give kind of wark dane) 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Baltimore, Maryland	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Frederick Satt	Α	Martha Henry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	1 1	rs. Carroll Ament, 6508 L	och Hill Roa
18. CAUSE OF DEATH [Enter only one cause per lir PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse last. (c)	ne for (o), (b), and (c).	accuion rephrosis	Interval Between ONSET AND DEATH
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While at world	Nat while for	ACE OF INJURY (Home, farm, 20f. (City ar tawn) clary, street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the decease alive an 2-14-19 ACTUAL SIGNATURE DI LE R PHYSICIAN'S DR LEE	G	Accurred atM, from the causes and or ADDRESS (Street, city or town, state) M.D. \$155 Loc4 RAVEA	I last saw the deceased the date stated abave. DATE SIGNED V. BLVP
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY O	^ / A	y) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305	ADDRESS Harford Road	emetery Baltimore, Me 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S d #14 DATEEB 17'59 Caring 8	SIGNATURE KLOUS

TO HOSPITAL PA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the hospital or attending physician.

TO FUNERAL D. ECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 should be filled with the registrar prior to burial, cremation, or remanal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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		Service Control
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	100	The state of the s

ir death. Page 4

O FUNERAL DI CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death.

may be retain TO FUNERAL D

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1641

CERTIFICATE OF DEATH

01640 Reg. Dist. No.

1, PLACE OF DE a. COUNTY	Baltin	ects.	MAR	YLAND	2. USUAL RESID	DENCE (Wh	ere deceased li	ved. If institut b. COUNTY		before adm	ission)
RURAL-one	OWN (If autside corporat give nearest Joych)	e limits, write	c. LENGTH OF STATE	Y IN 16	c. CITY OR T	TOWN UTO	outside corporate	e limits, write I	RURAL and give	nearest to	wn)
d. NAME OF OR INSTIT	HOSPITAL (If not in hosp UTION	ital, give street	address)		d. STREET A	DDRESS	etero)	Lane		ON	A FARM?
3. NAME OF DECEASED (Type or prin	WaDE	First HQ	MPTON	, 5	Mit	4	4. DATE OF DEATH	Al	f,	Doy 12	Yeor 1959
5. SEX May	le Color OR, R	ACE 7. MARR	DIVORC		Perc 27	2, 18	77 9.	AGE (In years last birthday) yrs.	Months Do		
during most	CUPATION (Give kind of a working life, even if a	wark dane 10b. etired)	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (State	ar foreign coun	try)	12. CITIZE	S,	AT COUNTRY?
13. FATHER'S NO.	delur C	Ilm	the		14. MOTHER'S	MAIDEN	L 7	else	on		
15. WAS DECEA (Yes. no. or unknown	SED EVER IN U. S. ARMED		MORRE	0. 17. IN	FORMANT	din	ith-	56 Tel	enter !	hane -	Palare
PAR 42 Candition	ns, if any, which	BY:	te for (a), b), and (c)	Val	local	er	Die	me		INTERVAL ONSET AN	
	stating the under-	JE TO Z	Engles	ter	the	n	4				
CATI CATI	II. OTHER SIGNIFICANT	CONDITIONS	CONTRACTO DE	EATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GI	VEN IN PART 1(PERF	S AUTOPSY FORMED?
OR CONTRI	ENT WAS UNDERLYING [BUTING CAUSE OF DE NOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY	OCCURRED.	(Enter nature at	f injury in f	Part I or Part II	of item 18.)			
2	F INJURY Month, Day a. m. p. m.	Year 20d. In White at wark	Not while at work	20e. PLAC	CE OF INJURY () bry, street, office	Hame, farm bldg., etc.	20f. (City or	tawn)	(Cou	nty)	(State)
21. I cert alive an actual signature	that stended	the decease		death of	accurred at	-	M, fram the Adoption (Street	he causes		date sto	
PHYSICIAN' NAME (Typ	· norga	J	Woo	16	PIDG	e	E	LAR	106	2,1	10,1
220. BURIAL, CR REMOVAL (Spedify) 2-14	5-59	22c. NAME OF CEA	METERY OR	Le TORY		plan	Will, 1	nerol	60.	md,
Tulk	RECTOR'S SIGNATURE	shot 6	Homess	le,	mul.	24a. RECA	7 '59	R 24b. REGI	STRAR'S SIGNA		

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VS A15 (4)

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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01641 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Several Yrs. X Pikesville d/STREET ADDRESS e. IS RESIDENCE ON A FARM? Essex Rd. nr. Liberty YES NO First 4. DATE Middle Year Minerva P. Snyder Feb. 20. DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours WIDOWED [7] DIVORCED | Dec. QA yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Home Williamsport USA 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT House No INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work

rtify	that I atte	ended the dec	eased fram,	12 841	mi.	19-12, 1	0 7.5	714	1957, that	I last saw	the deceas
1	20 7	16 ,1	959	and that dea	th accui	red at //	25 M,	from the c	auses and or	n the date :	stated aba
							ADDRE	SS (Street, city	or town, state)	00	DATE SIGN
F	Jan	OH. Ka	yse		MD	XOX	Keis	TERS	Tousal 1	Kd	2116

PHYSICIAN'S NAME (Type)	Pikesville 8, ma

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Wildwood Cemeterv Williamsport ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John T. Stansbury 6411 Windsor Mill

> Baltimore VG.

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1491	CERTIFICA	TE OF DEATH	Reg. Dis	t. No.
1. PLACE OF DEATH O. COUNTY EATTMORE	MARYLAND	2. USUAL RESIDENCE (Where deco	b. COUNTY Residence	ce befare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give searest tawn)	3. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside co	arporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS	NS AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MaRy	Lewis.	Spencer DE	TE Month ATH F-26 YUGRA	Day Year
5. SEX 6. COLOR OR RACE 7. MARRI FEMALE COL WIDOWE		DATE OF BIRTH	9. AGE (In years lost birthday) Months Wonths	1 YEAR OF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if retired)	CIND OF BUSINESS OR INDUS	VIRRINI	gn country) 12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME PETER SPENCE	P	ANN?		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	1	RAINSTON HOL	LARD 206 BU	PRWay
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 593 × DUE TO	for (o), (b), and (c).]	ia		INTERVAL BETWEEN ONSET AND DEATH 3 0 245
Canditions, if ony, which gave rise to immediate cause (a), stoting the under-	PhAITIS	. (Igranth
lying cause last. (c)		CNOSIS NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I ar	Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While at work	Not while fact	CE OF INJURY (Hame, farm, 20f. ary, street, office bldg., etc.)	(City or town) (C	ounty) (State)
21. I certify that I attended the decease alive on Feb 35, 195	13	, 1957, to Feb 3		ast sow the deceosed
ACTUAL SIGNATURE SERVICE C. S.	Pho D	ADDRES	S (Street, city or town, state)	Date signer
PHYSICIAN'S WILLIAM C. W.	ade M.D.		,	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 2-28-59		RN B	OCATION (City, town, or county)	md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - 802 MA	240. REC'D BY RE	GISTRAR 246. REGISTRAR'S SIG	Frans

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be read by the hospital or attending physician.

O FUNERAL CIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the funeral director, page 3 shaults be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaults be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. Dodge 3 share TO HOSPITA

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100	State	2.48	

	1043	CERTIFICA	ATE OF DEATE		Reg. I	Dist. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Mary			ence before odmiss timore	sion)
RURAL ond give n	(If outside corporate limits, write learns town) S Mills	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	ngs Mill		d give nearest town	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street terstown Road	oddress)	d. STREET ADDRESS	terstown		ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fint Warner	Middle	Strewig	4. DATE OF DEATH Feb	Manth	2.0	Year 19 59
5. SEX	W widow		September	875 9. AGE lost t	(In years IF UNDE	Days Hours	ER 24 HRS. Min.
Huck	ON (Give kind of wark done 10b king life, even if retired) STET-TETITE d-	Farm produce	STRY 11. BIRTHPLACE (Stone Maryla		12. C	USA	COUNTR
	Strewig		Mary Agn		ers		
15. WAS DECEASED EVE (Yes, no, or unknown)			rs Katherin	e S Bert	Address sch-Fin	ksburg	Md
	DUE TO	Pulmonary Ed		V	Da	INTERVAL BE ONSET AND 24	DEATH L hrs
gave rise to i cause (a), stating lying couse last.	the under-	rteriesclere					
2	HER SIGNIFICANT CONDITIONS					ART 1(o) 19. WAS PERFO YES [DRMED?
	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Part It of ite	·m 18.)		
Y 20c. TIME OF INJUS Haur a. n. p. m.	RY Month, Day, Year 20d. I 19 White at wor	Not while fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.	, 20f. (City or town)	(County)	(Stote)
21. I certify the alive on Feb	nat I attended the decear ruary 13, 19 Martin E. Stru	59, and that death			causes and an	the date state	
	artin E. Str		Reisters	town, Ma	ryland		
Bue Tal	///	22c. NAME OF CEMETERY OF REISTERS TOWN		22d. LOCATION (CI) (State	e)
23. FUNERAL DIRECTOR		Reisterstow	n Md DATEFE		24b. REGISTRAR'S S		

Cirtur & Frank

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or ottending physician.

OR: After this certificate has been signed by the ottending physician and completely filled in by detoched for use as the burial-transit permit. Then please remove corbon papers. Pages I and the hurial tremotian or removal, and in any event within 72 hours after death. TO HOSPITAL OR moy be retained

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the registrar price VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1499 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

01645

Reg. Dist. No.

1.	PLACE OF DEATH	ltimore		MARYL	AND	2. USUAL RESIDENCE (WE o. STATE Mary.	and the second	lived. If institution b. COUNTY	n: Residence Balt:		
	RURAL ond give	N (If outside corporate limit	ts, write	c. LENGTH OF STAY I	N lb	c. CITY OR TOWN (If o	outside corpora	te limits, write RU	RAL ond give	nearest to	wn)
	Halet			34 yrs.		Halethorp	e 51				
	d. NAME OF HO	SPITAL (If not in haspital, g	give street	oddress)		d. STREET ADDRESS	1				ESIDENCE A FARM?
		4420 Popl	ar A	ve.		5508 Car	ville	Ave.			NO
	NAME OF DECEASED (Type or print)	Hilda G.S		Middle		Last	4. DATE OF DEATH	Month Februa:		Day	Yeor 19 59
5. 5	SEX			RIED NEVER MARRIE	рПВ	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 Y		
F	emale	White	WIDOWI			July 29,18		last birthdoy) 68 yrs.	Manths Do	ys Hour	Min.
	. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OF	NDUS	TRY 11. BIRTHPLACE (State			12. CITIZE	N OF WHA	T COUNTRY
F	fouse w	vorking life, even if retired		wn Home		Maryland			U	.S.A.	
	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	George	Wirth				Gertrude	Kraan	ner			
15.	WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT		Addre	ess	-	
(70	NO NO	(If yes, give war or dates of s	ervice)		Ed	ward F.Str	ohmanr	5508	Carvi.	11e	Ave.
ATION	Conditions, in gove rise to couse (o), stotil lying couse lo	ng the <u>under-</u> DUE TO	Pr	shakey inf laper lu CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(0) 19. WAS	
ñ	20a. ACCIDENT	WAS UNDERLYING []	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of injury in F	Part Lar Part I	of item 18)		YES [] NO []
CERTIF	OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEATH IFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF IN. Hour a. r p. r	10	While	NJURY OCCURRED Not while at wark	20e. PLA fact	CE OF INJURY IHame, form ory, street, office bldg., etc.	20f. (City a	r town)	{Cour	nty)	(State)
220	ACTUAL SIGNATURE PHYSICIAN'S NAME ITYPO) BURIAL, CREMA	that I attended the Jef 13 -) (Syderic UTTED ER) TION, 1226. DATE THEREC	1 2 ×	7:	FR	10.1014 dra	M, fram ADDRESS (Stre	the causes aret, city or joyn, st	nd on the lote)	date sta	ATE SIGNED
	REMOVAL (Speci					C.C.I.O.I.O.I.	_				
	FUNERAL DIRECTO	OR'S SIGNATURE		Meadowri	age	24n PEC'I	D BY REGISTRA	A 24b, REGIST	RAR'S SIGNA		id.
4	mbre		280	ulphun	Lus.	THE DATEER			47 8, Krs		

he funeral director, should be filed with ofter death. Page 4 OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours may be retained by the haspital ar ottending physician.

O FUNERAL

RECTOR: After this certificate has been signed by the attending physician and campletely filled integrate 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL may be reto

VS A15 (4) 1SM 10/S7

MARY I AND STATE DEPARTMENT OF BEALTH-PARTIMORE, 15

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	1 16	44	CER	TIFICA	TE OF DEA	TH		Reg. Di	the state of the s	UXU
o. COUNTY	tonsvi	ire Co	senty M.	ARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	b. COUNTY		La?	ision)
b. CITY OR TOWN (If RURAL and give nea	outside corporate irest town)	limits, write	c. NENGTH OF ST	TAY IN 16	× Balti		orote limits, write R	URAL ond	give nearest fow	n)
d. NAME OF HOSPITA OR INSTITUTION	Couse in hospite				d. STREET ADDRESS		parrows	Pt.	ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print) Len	na Szel:	First istow:		ddle	Lost	4. DATE OF DEATH	Mar	reb.	Doy (59	Year
sex Temale	6. COLOR OR RA		RIED NEVER MA	RCED T	March 15/	1881	9, AGE (In years last birthday)	IF UNDE Manths	Doys Hours	-
Re	N (Give kind of wing life, even if reletined	ork done 10b ired)	KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPLACE (St. Jugo	ote or foreign o	country)		IZEN OF WHA	T COUNTRY?
	Tacob 0				14. MOTHER'S MAIDE		Unknown			
(es. no. or unknown)	IN U. S. ARMED yes, give war or date NO	FORCES? 16 s of service)	SOCIAL SECURITY		rv Szelis	towski	Add	ress		
	H WAS CAUSED I	BY: Co	ne for (a), (b), and	(c).] ,,, 3/	and Jan	Gera			INTERVAL B ONSET ANI	
Conditions, if ony gove rise to im couse (o), stating the lying cause lost.	y, which mediate	(b) Chr.	. Hypard	Ewais	es Cardio.	Vasau	Las Da	ain x	10	37.3
	latic &	rapide	any Ode	no-Ed	NOT RELATED TO THE TE	box	marin	VEN IN PAR	T 1(o) 19. WAS PERF	ORMED?
OR CONTRIBUTING (CAUSE OF DEA	ER)								
Hour o.m.		Year 20d. I While of wo			CE OF INJURY (Home, for lary, street, office bldg.,		y ar tawn)	(County)	(Stote)
21. I certify that alive on	lattended	the decease 9-, 19-		- 3 -	1957, ta_occurred at \$34	26-M, fro		and an t	last saw the	deceased ed abave. ATE SIGNED
PHYSICIAN'S WALL	mer 1	t. 60	Mager		Calons	ville.	28,22	1.		
REMOVAL (Specify)		REOF	22c. NAME OF C	EMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	fe)

VS A15 (4) 15M 9/55

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ATTENDED TO THE PARTY OF		
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		A CONTRACTOR OF THE PARTY OF TH
	And the second	
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	A Seal Value of the	

NTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

iter death; Page 4

01647

1645	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	TO.#
1. PLACE OF DEATH O. COUNTY BALTIMOR	E MARYLAND	2. USUAL RESIDENCE (WHO	ere deceased lived. If institute b. COUNTY		e admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COCKEYS ULLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporate limits, write	RURAL ond give nea	
d. NAME OF HOSPITAL (If not in hospital, give strong National Party of the Soule It	eet oddress) OME	d. STREET ADDRESS	ODINGTON		ON A FARM?
3. NAME OF DECEASED (Type or print) .ID P	MAY "	TATUM	4. DATE Mo OF DEATH FER		Y Yeor 19 5
1	ARRIED NEVER MARRIED DWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 9 99 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) HOUSEWIFE	Ob. KIND OF BUSINESS OR INDU	MARY	LAND		F WHAT COUNTR
JAMES H.B. LA	FITZ	A LLAN		LE	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	Trank f. L	4 4 4	ochrey	relle Vi
PART I. DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).] Perture V	rocular	academ	INTE	RVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO				4	, years
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GI	VEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	'ort I or Port II of item 18.)		
Hour o.m. W		LACE OF INJURY (Home, form, poctory, street, office bldg., etc.		(County)	(Stote
21. I certify that I attended the dece alive on 2-18, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	A-e2	1947, 1947, 10 h occurred at 3:47 A	ADDRESS (Street, city or town	and on the dot	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial Feb. 21, 19	22c. NAME OF CEMETERY C		22d. LOCATION (City. town, Baltimore		(Stole) Md.

ADDRESS

1217 St. Paul St.

240. REC'D BY REGISTRAR
DATE FEB 2 0 '59

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL VS A15 (4) ISM 9/55



23. FUNERAL DIRECTOR'S SIGNATURE

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	CHAINS CONTRACTOR OF THE PARTY
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	the contract the property of the contract of t
	music with time and the second soft makes a stage of the second soft makes and the second soft m
	ter took, and the second second

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COLINTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 28 days Fort Howard Hurlock d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Veterans Administration Hospital YES NO [3. NAME OF Middle 4. DATE Month DECEASED DANTEL THOMAS February 59 (Type or print) DEATH 10 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Male White WIDOWED | DIVORCED | 72 yrs. August 31, 1886 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm Dorchester Co. Md. Farmer U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tom Thomas Ida Goslan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address WW I Clin. Records Folder Ft. Howard, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA UNKNOWN IMMEDIATE CAUSE (a) 162.1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? PNEUMONIA YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.) Not while of work at wark p. m. 21. I certify the Wattended the deceased from January 24, 1959, to February 21, 1959 percentage of the deceased from January 24, 1959, to February 21, 1959 adjustice of the course of the ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S HIRAM B. CURRY. M. D. VAH. Fort Howard, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Baltimore National Baltimore. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Baltimore, Md.

Wm Cook Blight Funeral Home, 6009 Harford Rd.

arthur S. Trass

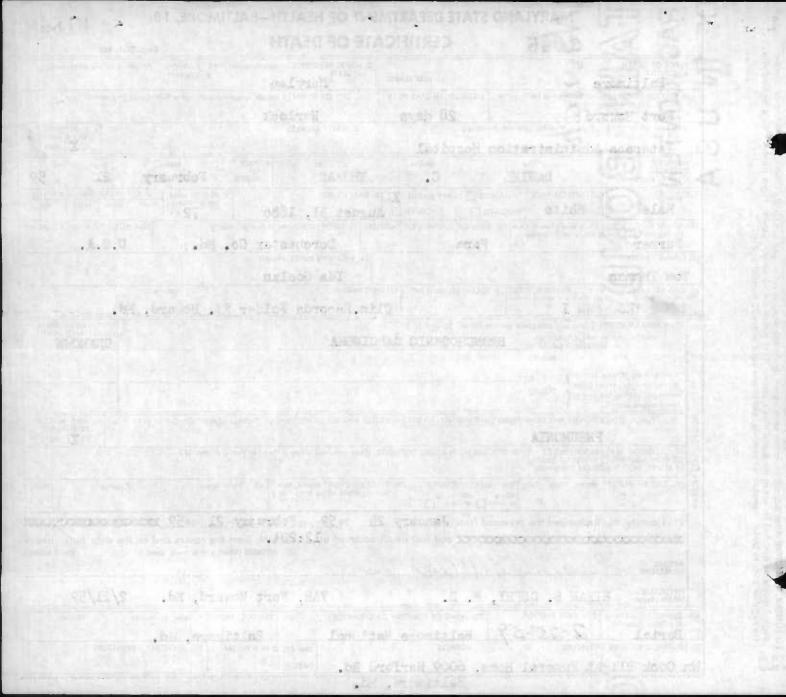
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death: P.O.

VS A15 (4) 1SM 10/57



TO HOSPITAL DE ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retail. By the hospital or attending physician. TO FUNERAL D. ECTOR: After this certificate has been signed by the attending physician and completely filled in e funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Ekhauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01649

1647	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	Residence befare admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, wr RURAL ond give neorest town) Reisterstown	3yrs	c. CITY OR TOWN (IF ou	tside corporote limits, write Ri	URAL ond give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitot, give st OR INSTITUTION 409 Main St		d. STREET ADDRESS 409 Mai	n Street	e. IS RESIDENCE ON A FARM2. YES NO
3. NAME OF DECEASED (Type or print) Melvin	Earl Middle Tils	sch		12,1959 Year
Male White WID	MARRIED NEVER MARRIED A	Aug. 12, 1924	V 1 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabeled Veteran	10b. KIND OF BUSINESS OR INDU	Baltimor	r foreign country) e, Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Henry W.Tilsch		Mary E.	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes (If yes, one wanter days of service)		informant rs.Mary E.Ti	lsch, Reiste	
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).]	Brun Synds	ani	INTERVAL BETWEEN ONSET AND DEATH
355× DUE TO Conditions, if any, which gave rise to immediate (b)	Cerebrel atr	soles .		Year
catse (o), stoting the under- lying couse last. DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ert I ar Part II of item 18.)	
Hour a.m.	Od. INJURY OCCURRED 20e. Professor of work of the control of the c	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decalive an Auto-12	100	h accurred at 3 281	M, fram the causes a DDRESS (Street, city or town,	, that I last saw the deceased and an the date stated above DATE SIGNED
PHYSICIAN'S NAME (Type)			/ /	
22a. Burial, Cremation, 22b. Date Thereof Removal (Specify) Burial Feb. 16, 19	22c. NAME OF CEMETERY CO. 59 Lorraine F		2d. LOCATION (City, town, o Woodlawn, M	
23. FUNERAL DIRECTOR'S SIGNATURE J.F. Eline & Sons, R	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE

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			STATE OF THE STATE	Total Control
				Total Control

191 /	-		703	47						Reg. D	ist. No.	
		PLACE OF DEATH D. COUNTY	Baltimore		MARYLAN	II a STAT	RESIDENCE Mary		d lived. If institu b. COUNT		ence before o	odmission)
9	1	RURAL and give	(If outside carporote limi	its, write	c. LENGTH OF STAY IN 1	b c. CITY			orate limits, write	RURAL and	give neares	t tawn)
	-		Howard		7 Days			imore			J.V	0114
50		OR INSTITUTION	TITAL (If not in haspitel, g				EET ADDRESS					S RESIDENCE ON A FARMS ES NO I
00	3	NAME OF	Fir			1 00		Broadwa				
		DECEASED (Type or print)	WILL		Middle	TIRSCHM	AN	OF DEATH		onth 1arw	Day	Yeor 19 59
-	5. 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In year	IF UNDE	R I YEAR IF	UNDER 24 H
		Male	White	WIDOWE	DIVORCED	10/27	/94		64 yr		Days H	ours Mir
	10a	during most of wo	ION (Give kind of work orking life, even if retired)	CIND OF BUSINESS OR IN							VHAT COUN
	12	Laborer FATHER'S NAME			Box Shop	Ба	Ltimor	e, Mary	land	U	S.A.	
	13.					14. MOII						
(-/	_		tto Tirschma					Kinstl				
	15. Yes	WAS DECEASEDEN	/ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	ervice)		7. INFORMANT			Ad	ldress		
		Yes	WW I	21	6-01-2487 b	lin.Rece	ords.V	ets.Adm	Hospita	1.Ft.	Howard	d.Md.
		18. CAUSE OF DE	ATH [Enter only one co	use per line	e for (a), (b), and (c).]						INTERV	AL BETWEEN
		PART I. DE	ATH WAS CAUSED BY:		CORONARY INS	ומדמדמו	TOW					AND DEAT
		420	IMMEDIATE CAUSE (a	-	VOUCHART THE	OF PIGITOR	W. I				L 140	onth
				1								
		7000	DUE TO									
		Conditions, if	any, which) (b	ARTI	ERIOSCLEROTI	C HEART	DISEA	SE				nown
		gove rise to couse (a), stating	any, which (b immediate g the under-	ARTI	ERIOSCLEROTI	C HEART	DISEA	SE				nown
	7	gove rise to couse (a), stating lying couse lost	any, which immediate DUE TO	ARTE							Unk	
2	CATION	gove rise to couse (a), stating lying couse lost	any, which immediate DUE TO	ARTE	ERIOSCLEROTI				E CONDITION G	IVEN IN PA	Unk	WAS AUTOP
2	CERTIFICATION	gove rise to couse (a), stoting lying couse lost PART II. O 20a. ACCIDENT W OR CONTRIBUTIN	any, which immediate DUE TO	ARTI		BUT NOT RELATI	ED TO THE TE	RMINAL DISEAS		IVEN IN PA	Unk	WAS AUTOP
2	MEDICAL CERTIFICATION	gove rise to couse (a), stoting lying couse lost PART II. O 20a. ACCIDENT W OR CONTRIBUTIN	any, which immediate githe under: Control of the under: Control of	20b. DESC	ONTRIBUTING TO DEATH	BUT NOT RELATI	ED TO THE TE ure of injury JRY (Home, fo	in Port I or Por			Unk	WAS AUTOP
2		gove rise to couse (a), stating lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU-Hour a.m. p. m.	GIN, which immediate githe under: CITHER SIGNIFICANT CON AS UNDERLYING GICAUSE OF DEATH VIMEDICAL EXAMINER) DIRY Month, Doy, Yee	20b. DESCI ar 20d. IN. While of wark	ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED 20e. Not while of work	BUT NOT RELATI RRED. (Enter not PLACE OF INUI factory, street,	D TO THE TEL ure of injury JRY (Home, fo office bldg.,	in Port I or Por	rt II of item 18.) y or town)		Unk;	WAS AUTOP PERFORMED? SSYN NO
2		gove rise to couse (a), stating lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF MOUTH OF THE CONTRIBUTION OF	AS UNDERLYING GO CAS UNDERLYING MEDICAL EXAMINER) OUR MAN MONTH, Doy, Yes that Matter the Matter Medical Man Month, Doy, Yes that Matter Matt	20b. DESCO ar 20d. IN. While of wark	DNTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED 20e. Not white 20e. of work 40e.	BUT NOT RELATI RRED. (Enter not PLACE OF INJI factory, street,	Ure of injury JRY (Home, fronting bldg.,	rminal diseas in Port I or Por orm. 20f. (City etc.)	y or town)	59xteacx	Unk	MAS AUTOPPERFORMED
2		gove rise to couse (a), stating lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF MOUTH OF THE CONTRIBUTION OF	AS UNDERLYING GO CAS UNDERLYING MEDICAL EXAMINER) OUR MAN MONTH, Doy, Yes that Matter the Matter Medical Man Month, Doy, Yes that Matter Matt	20b. DESCO ar 20d. IN. While of wark	ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED 20e. Not while of work	BUT NOT RELATI RRED. (Enter not PLACE OF INJI factory, street,	Ure of injury JRY (Home, fronting bldg.,	rminal diseas in Port I or Por orm, 20f. (City etc.) Eebruar 154M, from	y or town) y 13, 19 5 m the causes	9xeact	Unk	WAS AUTOPERFORMED? (Storage of the control of the
2		gove rise to couse (a), stating lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMOUS a.m., p. m. 21. I certify I	AS UNDERLYING GO CAS UNDERLYING MEDICAL EXAMINER) OUR MAN MONTH, Doy, Yes that Matter the Matter Medical Man Month, Doy, Yes that Matter Matt	20b. DESCO ar 20d. IN. While of wark	DNTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED 20e. Not white 20e. of work 40e.	RRED. (Enter not PLACE OF INUI foctory, street, y	Ure of injury JRY (Home, front office bldg., 59, to 11 at 11:	in Port I or Port or Port I or Port	y or town) y 13, 19 5 m the causes treet, city or town	9xBaxt and on or, state)	Unk	WAS AUTOPERFORMED? (SIGNAL STATE OF THE SIGNAL
2		gove rise to couse (a), stoting lying couse lost PART II. O 20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMOUS a.m., p. m. 21. I certify I	AS UNDERLYING GO CAS UNDERLYING MEDICAL EXAMINER) OUR MAN MONTH, Doy, Yes that Matter the Matter Medical Man Month, Doy, Yes that Matter Matt	20b. DESCO ar 20d. IN. While of wark	DNTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED 20e. Not white 20e. of work 40e.	RRED. (Enter not PLACE OF INUI foctory, street, y	Ure of injury JRY (Home, front office bldg., 59, to 11 at 11:	in Port I or Port or Port I or Port	y or town) y 13, 19 5 m the causes	9xBaxt and on or, state)	Unk	WAS AUTOPERFORMED? (Stormer Stated about 1985)
2		gove rise to couse (a), stating lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMOUS a.m., p. m. 21. I certify I	AS UNDERLYING GO CAS UNDERLYING MEDICAL EXAMINER) OUR MAN MONTH, Doy, Yes that Matter the Matter Medical Man Month, Doy, Yes that Matter Matt	20b. DESCI ar 20d. IN. While at wark	ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED Not white of work d from Februar and that dea	BUT NOT RELATION RRED. (Enter not place OF INU factory, street, place of the place	JRY (Home, fronting bldg., 59, to 11:	rminal diseas in Port I or Por porm. 20f. (City etc.) Februar 15AM, fror Address (s)	y or town) y 13, 19 5 m the causes treet, city or town	59xback and on on, state)	(County)	WAS AUTOPERFORMED? (Steel) (Steel) (Steel) (Steel) (Steel) (Steel) (Steel) (Steel)
	MEDICAL	gove rise to couse (o), stoting lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMOUS a.m., p. m. 21. I certify I ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATI	any, which immediate graph of the under. Due to graph of the under. Control of the significant control of the under. Control of the under. Control of the under. Control of the under of th	20b. DESCI 20b. DESCI ar 20d. IN. While of wark decease	ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED Not white of work d from Februar and that dea	PLACE OF INUITATION OF THE PLACE OF THE	JRY (Home, frontier bldg., 59, to 1 at 11:	rminal diseas in Port I or Por porm. 20f. (City etc.) Fabruar 154M, fror Address (S DRT_HOW	y or town) y 13, 19 5 m the causes treet, city or town ARD, MAB	59xback ond on o, store) YLAND	(County) County) (County)	(Sich Stated ob DATE SIG
2	MEDICAL	gove rise to couse (a), stoting to use (b). Stoting to use lost PART II. O 20a. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF	any, which immediate graph of the under. Due to graph of the under. Control of the significant control of the under. Control of the under. Control of the under. Control of the under of th	20b. DESCI 20b. DESCI ar 20d. IN. While of wark decease	ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU JURY OCCURRED 20e. Not while 30 work 30 d from Februar OXXX and that dea	PLACE OF INUITATION OF THE PROPERTY OF CREMATO	UP TO THE TELL UP OF INJURY (Home, for office bldg., 59, to 1 at 11:	rminal diseas in Port I or Por orm. 20f. (Cin etc.) Februar 154M, fror ADDRESS (S DRT. HOW 22d. LOCA	y or town) y 13, 19 5 m the causes treet, city or town	ond on on store) YLANE OF COUNTY OF COUNTY	(County) County) (County)	WAS AUTOPERFORMED? (Sto

Wm. Cook-Blight, Inc. 6009 Harford Rd., Balto, ll, Md DATE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 by the hospital or attending physician.

TO HOSPITAL VS A15 (4) 1SM 10/57

BY DROMITIME WITH AND THE WITH A THE BEAT OF A TYPE AND THE BEAT OF ETABLE TO STADISTING A TELEST DEATH. SOUTH TIME end freeth stead THE REPORT OF THE PARTY OF THE ON TO AN ADDRESS OF THE PROPERTY OF THE PARTY OF THE PART w. Come Standard Company of the Comp

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

n1652

	1649	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Bal ti	more	MARYLAND	II a STATE	1 00	on: Residence before admission)
b. CITY OR TOWN (If autside co RURAL and give nearest town) Overlea		c. LENGTH OF STAY IN 16		itside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION 710 Old	hospital, give street Home Rd.	oddress)	/ d. STREET ADDRESS 710 Old	Home Rd.	e. IS RESIDENCE ON A FARM? YES NO 🕅
3. NAME OF DECEASED (Type or print)	First Ernest	Middle M.	tost Tracey Sr.	4. DATE Mon OF DEATH FE	b. 16, 159
5. SEX 6. COLOR Whi		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 4, 1915	9. AGE (In years lost birthday) 43 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, even Policeman	in it retired)	kind of Business or incleth. Steel Co		or foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Clare	ence M.	Tracey	14. MOTHER'S MAIDEN NA	therine Wigger	ns
1S. WAS DECEASED EVER IN U. S. A (You no. or unknown) (If yes, give wo	or or dates of service}		rs. Doris C. Tr	Add	Home Rd.
18. CAUSE OF DEATH [Enter PART I. DEATH WAS CA IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.		ne for (o), (b), ond (c).]	arter	die ee	INTERVAL BETWEEN ONSET AND DEATH
CAT					(EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 20c. TIME OF INJURY Month, Hour o. m. p. m.	(AMINER)	NJURY OCCURRED 20e.	RED. (Enter nature of injury in Pa PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(County) (Stole)
21. I certify that I after alive on ACTUAL SIGNATURE	anded the decease 31 195				7, that I last saw the decease and on the date stated above stote) DATE SIGNI 2.17.5
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)	GREN'	Z. E.R. M.D.	OR CREMATORY	22d. LOCATION (City, town, c	or county) (Stote)
Burial Feb. 23. FUNERAL DIRECTOR'S SIGNATURE assalm Tuning		Meadowrid ADDRESS 7401 Bela	<u> </u>	1 0 750	Maryland. STRAR'S SIGNATURE

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after death. Page 4 pretely Miled in 5y the funera may be it mad by the haspital ar attending physician.

O FUNERA DIRECTOR: After this certificate has been signed by the attending physician and carry page 3 showld be detached far use as the burial-transit permit. Then please remove carban page the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO FUNERA TO HOSPIT VS A15 (4) 15M 10/57

	2000		10/110 01				Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY	Baltimore	MARYLA	II o STATE	ESIDENCE (WI		d lived. If institution b. COUNTY	on: Residence	before admiss	ion)
RURAL and give	The second secon		t 1b c. CITY C			prote limits, write RI	URAL ond give	e negrest town	1)
Fort Ho		13 Days		Baltin	nore	(6)	3 V	01-4	
OR INSTITUTIO	PITAL (If not in hospital, give stre	eet address)		T ADDRESS				e. IS RES	FARM?
Veterans	Administration	Hospital	40	O4 Pine	boows	Avenue			NO 🚺
3. NAME OF DECEASED (Type or print)	First RALPH	Middle M.	TUCKER	Last	4. DATE OF DEATH	FEBRUARY		/	Yeor 19 59
5. SEX Male	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	1. /00 /			9. AGE (In years lost birthday) 36 yrs.	Months Do	EAR IF UNDE	R 24 HRS. Min.
10a. USUAL OCCUPA during most of w Truck Dri	TION (Give kind of work done orking life, even if retired) VOY	b. KIND OF BUSINESS OR Freight-Expre		HPLACE (Stote		ountry)		N OF WHAT	COUNTR
13. FATHER'S NAME				R'S MAIDEN N					
Ralr	h S. Tucker		В	ernice	Simp	son			
	DEATH [Enter only one couse per DEATH WAS CAUSED BY:		Clin.Reco	rds,Vet	ts.Adm	.Hospital	1	ward, M INTERVAL BE ONSET AND 3 WEI	TWEEN DEATH
Conditions, if gave rise to cause (o), stotin lying cause las	immediate (b) DUE TO	HRONIC GLOMEF	RULONEPHRI	TIS				15 YE	ARS
arterio	OTHER SIGNIFICANT CONDITION OLAR NEPHROSCLE		H BUT NOT RELATED	TO THE TERMI	INAL DISEAS	E CONDITION GIVI	EN IN PART 1(PERFO	AUTOPSY RMED?
(IF EITHER, NOTI	WAS UNDERLYING 1 20b. D NG 1 CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	CURRED. (Enter notur	e of injury in f	Part I or Par	t If of item 18.)			
Y 20c. TIME OF INJ Hour o. m	. Whi	. INJURY OCCURRED 20 te Not white ork of work	Oe. PLACE OF INJUR foctory, street, of	Y (Home, form fice bldg., etc.	, 20f. (City	or town)	(Cou	nty)	(Stote)
ACTUAL SIGNATURE	than attended the dece	ODDOOC and that d	eath accurred	11:404	ADDRESS (S	treet, city or town, s	nd an the	date state	20002 ed abov
220. BURIAL, CREMAT	ION, 22b. DATE THEREOF	22c. NAME OF CEMETE				RD, MARYI		2/24 (Stote	/59
REMOVAL (Special	2-26-37	Baltimore			-		Maryla	nd	,
23. FUNERAL DIRECTO		6009 Harford Baltimore 1	d Road		D BY REGIST		TRAR'S SIGNA		

		DEATHER STATE	69TF0000
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2/25/5	VAL POLE ROOMS, PARE	4 - 1	· · · · · · · · · · · · · · · · · · ·
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VS A15 (4) 15M 10/57

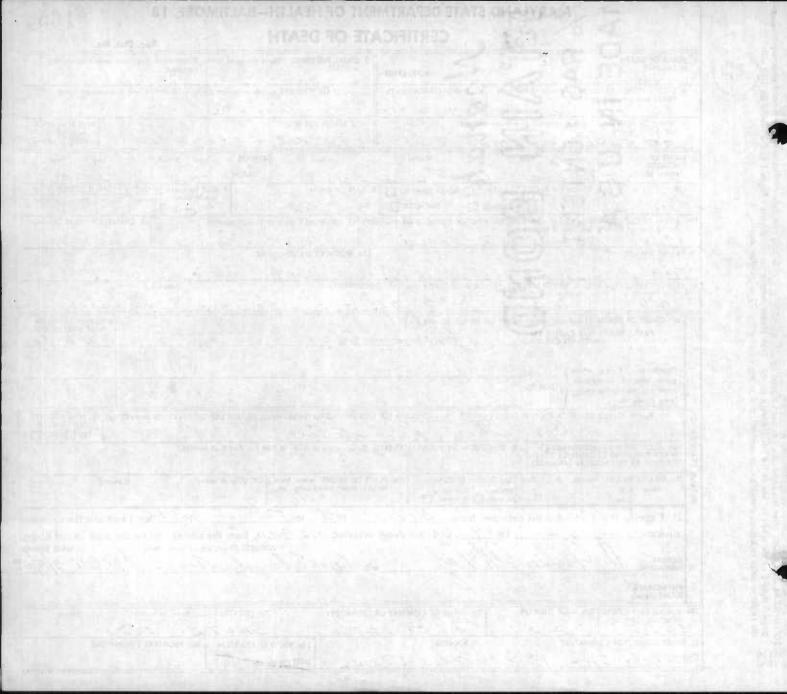
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	ng physician and campletely filled in byte funeral director, e remove carbon papers. Pages I and 2 shauld be filed with 72 house-ofter death.	-
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1651

CERTIFICATE OF DEATH

01654 Ren Dist No.

					D. 1011 1101	
1. PLACE OF DEATH o. COUNTY BALTO,	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. b.	or institution: Residence COUNTY		mission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limit			lown)
CATONSUILLE	4 /2 Yrs	51 HALETI	HORPE			
 d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION) 	oddress)	d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?
CATRIDGE WAY MA	9NOR	5521 OR	EGON	AVE		NO D
3. NAME OF DECEASED (Type or print) GFORGE (1)	Middle U, TURA	Lost	4. DATE OF DEATH	Month	Day 195	Year 79
5. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9 AGE	Un years IF UND	ER I YEAR IF U	/
m. WIDOWEI		6/15/1861	lost b	yrs. Month	s Doys Ho	urs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	9	CITIZEN OF WI	HAT COUNTRY?
STORE MASON K	RETIFED	mp.	211/64	>	05	A
13. FATHER'S NAME	X	14. MOTHER'S MAIDEN N	IAMÉ			
TAKN CODMANI	CTEP FORUET	FILTAT	ETH T	DEALA	(-7)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. J	FORMANT	6:11	Address	-12	
[Yes. no. or unknown] [If yes, give war or dates of service]	NOME	CATC	4000110	N 1141	7	10000
18. CAUSE OF DEATH [Enter only one couse per line	a fac (a) (b) = 4 (a)]	J. 71 D. 36	MUHMA	11/11/11		
PART I. DEATH WAS CAUSED BY:	e for (o), (b), and (c).	-			ONSET A	ND DEATH
IMMEDIATE CAUSE (o)	Mneumon	relly.			/	2 kes.
472X DUE TO						
Conditions, if any, which gove rise to immediate (b)						
couse (o), stoting the under-						
lying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN P	ART 1(o) 19. W	AS AUTOPSY REORMED?
5 congress	live heart	- Jarline.				□ NO □
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter nature of injury in I	Part 1 or Part 11 of ite	m 1B.)		
		CE OF INJURY (Home, form	20f. (City or town		(County)	(State)
Hour a.m. While at wark		tory, street, office bldg., etc.	1			
21. I certify that I attended the decease	d from Nega	. 1958 to F	alruan	10594.	1.1	1
alive an Feli 2 , 19 5	- 0		4 11 5 11	19.57, that	I last saw t	ne aeceasea
dive dir	and mar deam	accurred at 12:301	ADDRESS (Street, city		the date st	DATE SIGNED
ACTUAL // Willeam 4/1	1 Spels	101451	- 10 10	B.	1 90 m	1 slul
SIGNATURE / COLON	100	M.D. 6017 CAUN	monage	- par	11/10	47/3
PHYSICIAN'S NAME (Type)						
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (Cit	y, lown, or county	r) (!	Slote)
NAME (Type)	22c. NAME OF CEMETERY OF		22d. LOCATION (CIT	y, town, or county		Slote)
NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	MT OF IN	240. REC'I	BALT	y, lown, or county	D	Slote)
NAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify) BURIAL 2/5/59	MT OF IN	240. REC'I	BALT	0. m	D	Slote)



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 1SM 9/SS

er death. Page 4

1500

Reg. Dist. No.

o. COUNTY Baltimore	MARYLAND	o. STATE Gambrills		lived. If institutio	n: Residence be	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relav	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpore	ote limits, write RL	JRAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Relay Hill Hospital, Rel	et address)	d. STREET ADDR	ESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Stewart	Middle H	TURNER	4. DATE OF DEATH	Mont Feb.	h 5	Day Yeor 1959
i male i white i	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 1, 1	.864	9. AGE (In years lost bigthdoy) 94 95 yrs.	Months Day	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10 during most of working life, even if retired) Farmer	Db. KIND OF BUSINESS OR INDU		(State or foreign constitution)			S.A.
13. FATHER'S NAME James Turner (deceased	i)	14. MOTHER'S MAI	erine Bell	L (deceas	ed)	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give wor or dates of service]		on: Albert	H. Turner	Address - Mitche		e P.G.Co;
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate (b) (b)	Pulmonary ede		n right he	emiplegi a	9	dervat Between NSET AND DEATH ew hrs.
PART II. OTHER SIGNIFICANT CONDITION	eneral arterioso IS CONTRIBUTING TO DEATH BUT RESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE				19. WAS AUTOPSY PERFORMED? YES NO M
20c. TIME OF INJURY Month, Doy, Year 20d		ACE OF INJURY (Home ctory, street, office bld	e, form, 20f. (City og., etc.)	or town)	(Count	y) (State)
21. I certify that I attended the dece alive an Feb. 4 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Lewis P. Gundm	9 Junly	M.D.		the causes at eet, city or town, s	nd on the d	saw the deceased at a stated above DATE SIGNED 2-5-59
220. BURIAL, CREMATION, 22b. DATE THEREOF 2/8/59	22c. NAME OF CEMETERY C	OR CREMATORY		ON (City, town, or	* * *	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE HOpping and Kirkley,	Legadoress Len Butnie,	240	REC'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNAT	URE

office and two file indicates we must be directly in as The state of the second of the The last two provides and the first of the provides and the second section of the section of the second section of the section of the second section of the ALTONOMIC DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1652 CERTIFICATE OF DEATH

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				Reg. Dist.	140.
1. PLACE OF DEATH o. COUNTY	MARYLAN	2. USUAL RESIDENCE (WE o. STATE	nere deceased lived. If in b. CO	unty Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF 6	outside corporate limits, v	rite RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 15/2 Lalend A	address)	15/2 Street ADDRESS	alena G	d.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ESTHER	AMELIA	TUTCHTON	4. DATE OF DEATH	Manih E.E.O.	Doy Yeor
Temale Ithite widow			9. AGE (In lost birth	years IF UNDER 1 Y doy) Months Da yrs.	EAR IF UNDER 24 HRS. 198 Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of warking life, even if retired) Telephone Operator	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote Baltim		K. C. Carrier	N OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			0
JOHN BOLLACK		FL-CREI	NCE S	HAFEI	P
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 2	12-05-0250 3	Is Jacall 1	utchton 1	5 12 leak	lena Pl.
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	locoreas	es eteronit	enes.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	arterior	alerosis 8/	corone	ary	1
gove rise to immediate couse (o), stating the under-lying couse lost. [c]	artere	eo: O		7	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART I	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUP	RED. (Enter nature of injury in I	Port I or Part II of item 1	B.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While at wor	Not while	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	20f. (City or town)	(Cou	nty) (Stote)
21. I certify that I attended the deceas		th accurred at 315		ses and an the	date stated abave
ACTUAL FRICKIED	aile	M.D. 10 W.	ADDRESS (Street, city or Muades)	n A.	2 20/59
PHYSICIAN'S NAME (Type)					
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BULLIAL 2-21-59	Earlens	OR CREMATORY Parth	22d. LOCATION (City, 1	own, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC'I	D BY REGISTRAR 24b.	REGISTRAR'S SIGNA	ATURE CourA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr. o..

may be reflected by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeran page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1653

CERTIFICATE OF DEATH

01657

Reg. Dist. No.

RURAL and give neare Baltimor d. NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Female	e 12 (If not in hospitol, give str Mercy Villa First LOMA	reet oddress)	Baltimor d. STREET ADD	re	Street #	URAL and give ne	4.	
Baltimor d. NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPATION during most of working	e 12 (If not in hospitol, give str Mercy Villa First LOMA		Baltimor d. STREET ADD 3700 N.	PESS		3 V 0 1 -	4.	
d. NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPATION during most of working	(If not in hospitol, give str Mercy Villa First LOMA		3700 N.		Street #		- IC DECI	
3. NAME OF DECEASED (Type or print) 5. SEX 6 Female 10a. USUAL OCCUPATION during most of working	First LOMA		The state of the s	Charles	Street #		e, IS KESI	DENCE
DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPATION during most of working	IOMA	Middle	Last		- "	18	YES 🗌	NO [
5. SEX Female 10a. USUAL OCCUPATION during most of working				4. DATE OF	Man		- /	/ear
Female 10a. USUAL OCCUPATION during most of working	. COLOR OR RACE 7. N		TUTTLE	DEATI	Feb.	23	1	19 59
10a. USUAL OCCUPATION during most of working		ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YEA		
during most at working	White with	OWED DIVORCED	Sept. 12		85 yrs.	Months Doys	Hours	Min.
Housewife	(Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
			Wiscon	nsin				
3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
Hubert Fich	ten		Helene	Behrend				
5. WAS DECEASED EVER II	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	. INFORMANT		Addi	ress		
No			Mr. A. F. V	Valtzinge	r-3700 N.	Charles	Stre	et #
18. CAUSE OF DEATH	[Enter anly one cause po	er lipe for (a), (b), and (c).]		-		IN	TERVAL BET	IWEEN
PART I. DEATH	WAS CAUSED BY:	Inta V	meun	on ba		OK	3	DEATH
420.0	DUE TO							2
Canditions, if any,	which) (b)	Interior rela	notice le	sold	, sea-1	1	0-1550	ian 3
gove rise to imm				-			-	
lying cause last.	under-	Malnutrit	ter			0	ne;	en
PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)		
3							YES [NO D
PART II. OTHER PART II. OTHER OR CONTRIBUTING [] (If EITHER, NOTIFY ME	JNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of in	njury in Part I ar Pa	ort II of item 18.}			
	DICAL EXAMINER)							
20c. TIME OF INJURY Haur o. m.			PLACE OF INJURY (Ho	me, farm, 20f. (Ci	ly or town)	(County)	(State)
Hour o.m.		hile Not while wark	factory, street, affice b	log., etc.)				
	I offended the dec	egred from 2/12	1987	10 2/2	١ , 19 85	that I last a	nur Ahn	4
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SIGNATURE	Hunn	1 sary	M.D	Inoug	Jana	1001	ava	2-656
PHYSICIAN'S NAME (Type)								
20. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC/	ATION (City, town, o	or county)	(State)
REMOVAL (Specify) Removal	2/25/59	Flushing Co	emeterv		shing, Lor			
TECHTO A CTT							and a specimental state of	
3. FUNERAL DIRECTOR'S	IGNATURE	ADDRESS	2	4o. REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNATU	JF L	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1654 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Baltimore b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and give negrest town) Raspberg Raspberg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5217 McCormick Avenue 5217 McCormick Avenue YES NO DATE Middle Last Month Day Year DECEASED Bernard Vogel (Type or prini) DEATH 15 February 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. Male White Oct. 13, 1902 56 WIDOWED [DIVORCED T yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Building Superintendent Sr. Heart Church Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Vogel Caroline Rethman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Regina Vogel 5217 McCormick Ave. 18. CAUSE OF DEATH [Enter only one cause per line for)(a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE/HOW INJURY OCCURRED, Sales Indure of injury in Part 1 or Part 11 of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. PECURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year NJURY 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while o. m at work of work p. m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry death resulted from: Natural causes . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 1959 18 Sacred Heart Baltimore. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME(S) 5M 9/55

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FUNERA

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Lilly & Zeiler Inc.

403 S. Wolfe St.

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		Service .	PA To Live	

FOR STATE HEALTH DEPT.

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the conflicate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral extern. Page should be exampled to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State in 2 of Frientith, rits designated agent, prior to burial, cremation, ar remaval, and in any overall within 72 hours after death. ò

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01659 Reg. Dist. No.

		1.00	-		-							
1.	PLACE OF DEATH	Baltimore		MARY		2. USUAL RESIDENCE (Where deceose	d lived. If institu		nce befo		sion)
1	. CITY OR TOWN	If outside corporate limits, writ	• RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corpo	prote limits, write	RURAL ond	give ne	orest low	m)
	and give nearest tow					55 Tows	- m					
			If not in he	ospital, give street address	1)	d. STREET ADDRESS	11					SIDENCE
		514 Virgin	ia Av	emue		7 274	Virgin	ia Avem	10			NO 💂
3.	NAME OF DECEASED	Fir	sf	Middle		Lost	4. DATE	Mont	h	Doy	Ye	or
	(Type or print)	EILEEN DOI	ROTHY	DRY		WATSON	DEATH	Febru	lary	1	19	59
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	B. E	PATE OF BIRTH	9	P. AGE (In years lost birthday)	IF UNDER			R 24 HRS.
	Female	White	WIDOW	ED DIVORCED [une 9. 1919	9	39 yn.	Months	Days	Hours	Min.
10c	. USUAL OCCUPAT	ION (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stole	e or foreign co	unity)	12. CITI	ZEN OF	WHAT (COUNTRY
	Housewif			Own home		England	đ			USA		
13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME					
	Unknow	n				Unknown						
		VER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INF	ORMANT		Address		7.77		
	, no, er unknown)	(If yes, give war or sares or	service)	None	Wi	lson Ward W	Watson	L	514 Vi	rgir	nia A	ve.
	18. CAUSE OF DEA	ATH Enter only one cou	use per line	for (o), (b), and (c).]						INTER	VAL BETWEE	N
	PART I. DEA	ATH WAS CAUSED BY:	Pat	tor I decay and		wer to Ohmon	nia 47a	-heldem		CINSET	AND DEAT	IH.
	5811		LAU	ty Liver sec	comus	try to chro	ILE ALC	OHOTTSIN		-		
	Condition if	DUE TO										
	Conditions, if	ediate cause								+-		
	(o), stating the		100									
7	***************************************) (c)	All the law of the law of the	ONTRIBUTING TO DEATH	RITNO	T DELATED TO THE TERM	AINIAI DICEACE	CONDITION GIV	(ENLINE DAR)	7 3/-3/10	NAZAC A	UTORCY
CATIO	TAKI II. OI	TIER STORM TEAR TO COM	DITIONS C	OTTINIO TO DEAT	, , , , , , ,	TREENIED TO THE TERM	MINAL DISEASE	CONDITION OF	CIA IIA FAK	- 1	PERFOR	
CERTIFICATION	200. EXTERNAL CAPRIMARY OF CO	NUSE WAS 20 PRIBUTING 1	b. DESCRI	BE HOW INJURY OCCUR	RED. (Ent	er noture of injury in Pa	rt I or Part II o	f item 18.)	o cont			
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		Whi		e. PLACE foctory	OF INJURY (Home, for, street, office bldg., etc.	m, 20f. (City o	or fown)	(Cou	inty)		(State)
	21. I certify	hol- taak charge	af the	remajns described	obove	e, held an Autap	sy K, Ins	spection .	Inquir	у П.	and	in my
	opinion death	resulted frame	Natural	Lauses D. Accid	lent 🗆	, Suicide],	Hamicide	. Undete	rmined n	nonne	П	
4		1/11/11		5								
	ACTUAL	juny 1.	/	men	_	CHIEF MEDICAL E	XAMINER				DATE SI	GNED
	SIGNATURE		-	1000		ASSISTANT MEDIC	CAL EXAMINER	DR			2/2/	59
	EXAMINER'S NAME (Type)	Paul F.	Gueri	n. M.D.		DEPUTY MEDICAL	EXAMINER					
220	BURIAL, CREMATI	ON, 226. DATE THEREC	-	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCATI	ON (City, town,	or county)		(Slote)
	REMOVAL (Specify Burial	2/1/59		Prospect H:	111 (Cemetery	Tows	on		Mar	rvlar	
-	FUNERAL DIRECTO	R'S SIGNATURE	S	ADDRESS	-7		'D BY REGISTR		STRAR'S SIG		4	
1	ohn Ds	ums Vens	20	wasn 4	12	ryland DATEFI	EB 4 '59	a	Thun S.	Kay	4	
Sum						Tomice!					_	

MARY DIG STATE DEARMENT OF HEATH - BATTHORY IN

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TO HOSPITAL O

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01660

	16	556	CERT	IFIC	ATE OF DEATH	1		Reg. Dist		100	()
o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (WHO o. STATE Marv)		ed lived. If institut b. COUNTY		e before a	idmission)	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	X c. CITY OR TOWN (IF		orote limits, write l	RURAL and gi	ive nearest	town)	
KOKAL ONG GIVE	Catonsville	9			Baltimore Hi	ghlar	nds				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o		oddress)		d. STREET ADDRESS			V-000-00	e. I	S RESIDER	NCE
OK INSTITUTION		Manor	Nursing H	ome	2900 Illinoi	is Ave	enue			ES N	
NAME OF	Fit	st	Middle		Last	4. DATE	Moi	nth	Doy	Yeor	,
(Type or print)	WILHEL	MINA			WEDEMAN	DEATE	Feb	. 2	1	19	59
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗍	8. DATE OF BIRTH		9. AGE (In years	IF UNDER I	YEAR IF	UNDER 2	4 HRS.
Female	White	WIDOWE			Jan. 27, 187	77	lost birthdoy) 82 yrs.	Months	Doys H	ours	Min.
On USUAL OCCUPATI	ION (Give kind of work	done 10b.	KIND OF BUSINESS O	OR INDU	JSTRY 11. BIRTHPLACE (Stole			12. CITIZ	ZEN OF W	VHAT CO	UNTR
Housewife	rking life, even if retired	,			Germany			TT	S.A.		
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME		0.	D.V.		_
2 Asal	nenbach				9						
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17.	INFORMANT		Ade	Iress			
Yes, no, or unknown)	(If yes, give war or dates of s									// 7.0	
No					r. Bustav Wede	eman -	- 3300 H1	llen R		#10	
	ATH [Enter only one co	use per lir	ne for (0), (b), and (c)	.]	10	.1	1			AND DE	
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	ereto .	ras	calar Clean	tent	Lin		6 c	Ka	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-	as	lerio o e	ela	rotie Ca	achi a	no ental	Occin	_		
PART II. OT	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	T NOT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GI	VEN IN PART	P	WAS AUT	ED3
PART II. OT	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	ED. (Enter nature of injury in	Port I or Pa	ert II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye 19	20d. IN While of work	Not while of work	20e. Pl	LACE OF INJURY (Home, form octory, street, office bldg., etc	, 20f. (Ci	ly or lown)	(Co	ounty)		(Stote)
21. I certify t	hat I attended the	decease	ed from	n	19.59, to	Fel	21, 195	that I le	ast saw	the de	censu
alive on F	ela 20	10.4			accurred at // 14						
ACTUAL SIGNATURE	Mel	1/4	19 Lay	dean			Street, city or town,		Las	DATE	
PHYSICIAN'S NAME (Type)											
20. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY C	OR CREMATORY	22d. LOC/	ATION (City, town,	or county)		(Stote)	
Burial	2/24/59	17.1	Loudon P	ark	Cemetery	Balt	timore, M	arvlan	ıd		14
2. FUNERAL DIRECTO	15 SIGNATURE	VI P	ADDRESS		24a. REC'	D BY REGIS	TRAR 246. REGI	STRAR'S SIGI			

HTASKI H	Q:HBA	OHITED IN		
	37	Settle-11	w:	
	-			

er death: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01661

		165	7	CERTIFI	CAT	E OF DEAT	TH		Reg. Dist.	No.	O I.
	LACE OF DEATH COUNTY Bal	timore		MARYLAI		usual residence (Where decea	sed lived. If instituti b. COUNTY	an Residence	before odmi	ssian)
ь	CITY OR TOWN (I RURAL and give no Baltimo	If autside corporate limi earest town) DPE	its, write	c. LENGTH OF STAY IN Life	1b ×	c. CITY OR TOWN (Baltim		porote limits, write R	URAL and giv	e nearest tov	vn)
d	OR INSTITUTION	At (If not in hospital, over Spring			1	d. STREET ADDRESS		pring Roa	d		A FARM?
D	AME OF ECEASED ype or print)	John Hen		Wenderoth		Last	4. DATE OF DEAT	77 1	0.0	Doy	Year 1959
5. SI	x Male	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED		ate of Birth	5	9. AGE (In years last birthday)	Manths De	YEAR IF UNI	DER 24 HRS.
	USUAL OCCUPATION during most of work Retired ATHER'S NAME	DN (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR I		Balto.	, Co.,			S.A.	T COUNTRY
	John Wend		crea l.			Eva K					
15. V (Yes,		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	Joh	n K. Wend	eroth	702 Mace	Ave.	Balto.	. Md.
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, P	le for (a), (b), and (c).]	ed	ema				INTERVAL E	DEATH LEWIS
	Canditions, if a gave rise to it cause (a), stating	mmediate (-	Fulmonar	wa ?!	left Fide		chward husemu		13 Seve	year.
CATION	PART II. OTH) (c HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	U			1	EN IN PART 1	(a) 19. WAS PERF	AUTOPSY ORMED?
CER	200. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury	in Part I ar P	ort II of item 18.)			
MEDICAL	POC. TIME OF INJUR Havr a. m. p. m.	Y Manth, Day, Yes	ar 20d. It While at work	Not while	e. PLACE factory,	OF INJURY (Home, fo street, affice bldg.,	orm, 20f. (Ci	ity or tawn)	(Cou	inty)	(State)
	21. I certify the alive on	at, I attended the	deceas , 19-1	^	eath occ	. 1957, 19 curred at 0 35 413 &		20, 19 19 am the causes a (Street, city or town,		dote stat	decease ted above DATE SIGNE 2-20-
	PHYSICIAN'S NAME (Type)	to othe		Bauma	hn		Essex	21, md	-		
	BURIAL CREMATION REMOVAL (Specify) Burial	N, 225. DATE THEREC		22c. NAME OF CEMETER Zion Lut		EMATORY Cem.		ATION (City, town, o	or county)	(Sta	ite)
23. F	UNERAL DIRECTOR	SIGNATURE	Inc	ADDRESS 7401 Belau	ike!	24g, RE	FEB 2 4	STRAR 24b. REGIS	STRAR'S SIGN		

TO HOSPITAL may be reta VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

01663

	1658	CEKTIFIC	ATE OF DEAT		Reg. Di	ist. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WO. STATE MAT		COUNTY	nce before odmi ltimor	
Pikesv		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	iits, write RURAL ond	give nearest tov	vn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree 5 Slade Ave		d. STREET ADDRESS 5 S	lade Ave		e, IS RE ON YES [A FARM?
3. NAME OF DECEASED (Type or print)	Helen	Middle G W	estheimer	4. DATE OF DEATH	Month	18	Yeor 19 59
5. SEX Female	White WIDOW	VED DIVORCED	8. DATE OF BIRTH 1-31-1881	78	E (In years IF UNDER birthdoy) Months yrs.	Doys Hours	
auring most or wor	ON (Give kind of work done 10b king life, even if retired) ework	, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote Baltimor			USA	T COUNTRY
13. FATHER'S NAME	Julius Gutman	1	14. MOTHER'S MAIDEN I	Henr	ıy		
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		INFORMANT ulius Westh	eimer,82	Address 200 Sprin	g Bott	tom Wa
CATIC	the under (c) HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	WOZEL	DITION GIVEN IN PAR	3 D LAT 1(0) 19. WAS PERF	ORMED?
	AS UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of i	em 18.)		
Y 20c. TIME OF INJUF Hour o. gr. p. m.	While		LACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or tow	n) (6	County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DULG THEREOF	when years	, 1935, to = h accurred at 5:30	the Roul	St. By	he date state	ted above DATE SIGNED
REMOVAL (Specify) BUT191 23. FUNERAL DIRECTOR	2-20-59	Baltimore	Hebrew Cem	Balt	ity, town, or county) Imore, Ma	ryland	ote)
Dawid D	Mantin 1902	Entew Plac		D BY REGISTRAR	24b. REGISTRAR'S SIG		

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The state of the s	

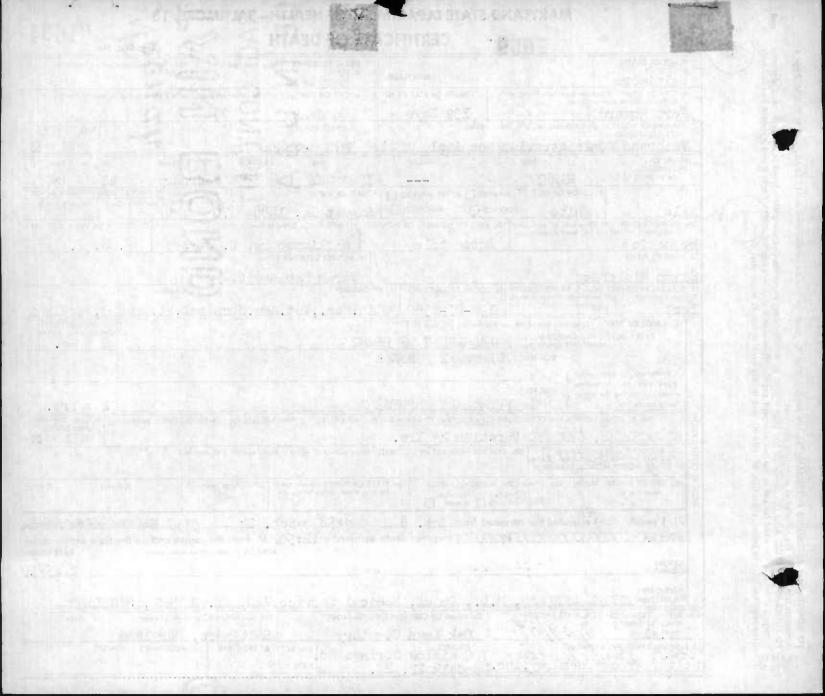
		The state of the		
CERT	IFICA	TE O	FD	EATH

			1659	CERTI	FIC.	ATE OF	DEATH			Reg. Dist. I		1604
o. CC	e of DEATH DUNTY timore			" MAR	LAND	2. USUAL RESI	DENCE (Who	ere deceased live	ed. Il institutio b. COUNTY	in: Residence b	efore adm	ission)
b. CII	Y OR TOWN (II	outside carpora	te limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or	utside corporote	limits, write RL	JRAL ond give	nearest to	wn)
4990	RAL and give ne			139 Days	3	53 Dund		(22)				
d. NA		AL (If not in hasp	ital, give stree	d address)		d. STREET A	Colomb 6	(44)			e. IS R	ESIDENCE
		dminist	ration	Hospital		31,71, 1	McShar	no Marr				A FARM?
3. NAM	E OF	HARI	First	Middle		WIDLANSK	ıt	4. DATE OF	Mant	_	Day	Year
5. SEX		6. COLOR OR I		RRIED NEVER MARRI	- 1	8. DATE OF BIRT		9. 4	ebruar	IF UNDER 1 YE		
Male		White	WIDOV		1	Assenset '	14. 18	1 1	ost birthday) yrs.	Months Day		
				. KIND OF BUSINESS C		August :	ACE (State of	388 170		12 CITIZEN	OF WH	AT COUNTRY
duri	ng most of wark	ing life, even if r	etired)									AT COUNTRY
	er's NAME			Automobile		14. MOTHER'S		irg, N.	Jersey	U.	S. A.	
	n Widla	nsky R In U. S. ARMEI	SORCECO IN	COCIAL CECUPITY NO	117 4	Sarah NFORMANT	Rabir	nowitz				
[Yes. no. o		Il yes, give war or do		S. SOCIAL SECURITY NO					Addre			
Yes		WW I		<u> 138-03-8360</u>		lin.Rec.	Vet.A	dm Hosp	ital,Ft	. Howar	d, Mar	ryland
18.				line far (a), (b), and (c).]							BETWEEN ID DEATH
	PARI I. DEA	IMMEDIATE CAL		LARGEMENT C	F H	EART					4 + 1	
1 5	02.0	DI	JE TO PU	LMONARY DIS	EASI	E						
Co	nditions, if on	y, which	(b)									
	ve rise to in se (o), stoting t		JE TO									
	ng couse lost.	ine onder-	(c) PU	LMONARY EMP	HYSI	EMA				1000	2 + 1	Yrs.
Z	PART II. OTH	ER SIGNIFICANT		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(o	1 19. WA	S AUTOPSY
S BR				ation 2+ Yr							PERI	FORMED?
W- 20		S UNDERLYING		SCRIBE HOW INJURY O	_	D. (Enter nature o	f injury in P	art I or Part II o	f item 18.1		163	140 179
OR (IF E	CONTRIBUTING ITHER, NOTIFY	CAUSE OF DI	ATH VER)									
	TIME OF INJURY			INJURY OCCURRED	20e PL	ACE OF INJURY (Home form	206 (City)		15		40
MEDICAL 20c.	Hour o. m.		While	Not while	fac	clory, street, office	bldg., etc.)	201. (City or 1	awnj	{Coun	(y)	(State)
	p. m.	arV A	of wo	- Land				1				
21.	I certify the	at affended	the decea	sed from Oct.	8	19.58.	, to Feb	24	1959	JAKK KIGH	ACODSX	exdexedue
TOIN	XXXX	XXXXXXX	XXXXXX	XXXXX and that	death	occurred at	12:50F	M, from th	e causes ar	nd an the	date sta	ited above
		11						DDRESS (Street,				DATE SIGNE
SIGN	IATURE	VO	neen	han		M D					2	2/25/50
								***************************************				4-5-26-20
	SICIAN'S ME (Type) TRV	ING FREE	EMAN M	D. Chief.	Mer	dical Ser	mrice	WAH EVE	HOMAE	D MAD	VT AND	,
220. BUR	IAL, CREMATION	I, 22b. DATE TH		22c. NAME OF CEM				22d. LOCATION	City lown or		YLANI	ofe)
	OVAL (Specify)	2/27	154				1977		2.0	_	(5)	ole)
	RALDIRECTORS	SIGNATURE	11	Oak Lawr			24- 25010	Baltimo		ryland	TILDE	
CCU	10 11.	valo 1 11 11	they	700 Willow	Spi	rings Rd.		BY REGISTRAR		Chur & K		
Walt	er proo	ks, bradl	ey inc	·Dundalk 22	Mo	1.	DATE MA	K 7 23	0.00	Z. 10	D-101-2-11	

er death. Page 4 Programme of the haspital ar attending physician.

FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in Extra funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon profits. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau may be retail TO HOSPITAL

VS A15 (4) 15M 10/57



er death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01665

CERTIF	ICATE O	T DEAL	In	Reg.	Dist.	P
						-

1.	PLACE OF DEATH a. COUNTY Baltimore			MAR	YLAND	2. USUAL RESIDENC o. STATE Maryland		re deceased	lived. If in b. COL	stitutian: UNTY	Residence	e befare	odmissi	an)
	b. CITY OR TOWN (If	outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		side corpor	ate limits, w	rite RUR	AL and gi	ve neore	st town	
	Fort Howal	rd		26 Days		Baltimo			37.50	(5)	3	Vo	1-	4
	OR INSTITUTION	AL (If nat in haspital, g	ive street	address)		d. STREET ADDRE	ESS					e.	IS RESI	DENC
		dministrat	tion	Hospital		1003 No	rth	Dalla	s Str	eet		,	ES	NO
3.	NAME OF	Fir	st	Middle		Last		4. DATE		Month		Day		ear
	DECEASED (Type or print)	JAMES	3		T	WILLIAMS		OF DEATH	Febr			77		9 5
S.	SEX	6. COLOR OR RACE		RIED NEVER MARRI		B. DATE OF BIRTH			9. AGE (In)		UNDER 1	ti/malls		
	Wall a		WIDOW						lost birthe	day) N			daurs	Mir
100	Male	Colored		KIND OF BUSINESS	_	December :		910	48	yrs.	1			
100	during mast af work	ing life, even if retired)	KIND OF BUSINESS C	JK INDUSI	IRT II. BIRIHPLACE	(State ar	tareign ca	untry)		12. CITI	ZEN OF	WHAT	COUN
	Laborer		CO	nstruction	Co.	Lacross			a		U.	S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NA	ME						
	Richard Wi	lliams				Lucy Bur	re							
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT				Address				
(Te	Yes	f yes, give wor or dates of s		29-10-9709	CT 4	n Don Was	L 1.2	In II-		TAL	77	M		
		1111				in Rec. Ve	U.AU	uii • HOS	DICGI	2500	nowa			-
			use per III	ne far (a), (b), and (c).								INTERV	AL BET	WEER
	PART I. DEAT	H WAS CAUSED BY:										CHICET		
		II WAS CHOSED BI:	CAD	CTNOMA OF	CONCER	OU LITTE M	CYPAC	MACTO	TVE DI	POTO	TAIA	SNSET	AND	DEAT
	151x	IMMEDIATE CAUSE (a				ACH WITH M			TO RI	EGIO	NAL	7 M	TYC	DEAT IS
	151X	IMMEDIATE CAUSE (a				ACH WITH MI VTESTINAL V			TO RI	EGIO	NAL	7 M	TYGC	IS I
	151X	IMMEDIATE CAUSE (o	LYM						TO RI	EGIO	NAL	7 M	i TVIC	IS I
	/5/X Canditians, if on gave rise to in	JAVEXO	LYM						TO RI	EGIO	NAL	7 M	iTrîc	EATI S
	Canditians, if on gave rise to in cause (o), stating t	y, which (b	LYM						TO R	EGIO	NAL	7 M	TYGC	DEATH IS
	Canditians, if on gave rise to in cause (o), stating the lying cause last.	y, which he under: (c)	LYM	PH NODES A	ND IN	NTESTINAL V	WALL							
NO	Canditians, if on gave rise to in cause (o), stating the lying cause last.	y, which he under: (c)	LYM		ND IN	NTESTINAL V	WALL					l(a) 19.	WAS A	UTOP:
ATION	Canditions, if on gave rise to in cause (o), stating t lying cause last. PART II. OTH	y, which one-diate he under: (c)	LYM) DITIONS (PH NODES A	ND IN	NTESTINAL V	WALL					l(a) 19.	WAS A	UTOP:
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MEDICAL CERTIFI	Canditions, if on gave rise to in cause (o), stating t lying cause last. PART II. OTH PNEUMONI A 20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY II) 20c. TIME OF INJURY Haur a.m. p. m. 21. I certify the	y, which he under. (but to out	DITIONS COPER 200. DESC	CONTRIBUTING TO DE LOBE. CRIBE HOW INJURY OF NJURY OCCURRED Not white of work	ATH BUT NO CCURRED	NOT RELATED TO THE . (Enter nature of injunction of the control o	TERMIN, form, j., etc.) Feb	AL DISEASE of 1 or Port 20f. (City THATY M, fram	CONDITION If of item 18 or town)	N GIVEN	(Co	1(a) 19. Y	WAS A PERFORES TO THE STATE OF	UTOP MED?
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MEDICAL CERTIFI	Canditions, if on gave rise to in cause (o), stating the lying cause last. PART II. OTH PNEUMONIA 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY II. 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify the CONTRIBUTING ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MMEDIATE CAUSE (o No Which y, which he under: CER SIGNIFICANT CON RIGHT UF CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yee TY A THEN WEI I LIZEN DATE THEREO 2014 A STEELER	DITIONS OF THE PROPERTY OF T	CONTRIBUTING TO DE LOBE. CRIBE HOW INJURY OF NJURY OCCURRED NOT WHITE AND THE OF CEM	ATH BUT NO CCURRED	NTESTINAL V NOT RELATED TO THE (Enter nature of injunction of the control of the	TERMIN, form, form, feec.) Feb	AL DISEASE of Lor Port 20f. (City THATY M, fram DORESS (Str HOWAR	CONDITION If of item 18 or town) 11, 19 the causeet, city or t D, MAI ON (City, to	59, these and lown, store RYLA	(Control ounty)	ounty)	WAS A PERFORMENT OF THE PERFORMENT OF T	(Sic

moy be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has TO FUNERAL D. TO HOSPITAL VS A1S (4) 1SM 10/S7

at the definition in the last terms of the Bendmin (1912)

FOR STATE HEALTH DEPT.

TO DEPUTY ACCOLAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay incertor, please execute the chificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fune firector. Page 4 should be carwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

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2 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

n1666

66	Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admis o. STATE Maryland b. COUNTY Baltimore	sian)
b. CITY OR TOWN (If outside corporate limits, write BURAL ond give negrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tow	n)
Sparrows Point	53 Dundalk	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Bethlehem Steel Dispensary	ON A	SIDENCE FARM?
3. NAME OF LAST First Middle	Lasi 4. DATE Month Day Ye	
(Type or print) Williamson Chalmers Victor	OF	59
5. SEX 6. COLOR OR RACE WIDOWED DIVORCED	8. DATE OF BIRTH 12-19-1912 9. AGE (In years 1F UNDER 1YEAR IF UNDER 1/2 AND 1/3	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINES		OUNTRY?
	Arkansas U.S.A.	
V13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Chalmers V. Williamson	Lillian W. McClendon	
[Yes, no, or unknown) (If yes, give var be to the to the total and the t	. INFORMANT Address	
	ldred E. Williamson 33 Lombardy Drive	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) On much	INTERVAL BETWEE	Les.
1420.0 DUE TO	ectusia 10 m	arc.
Conditions, if ony, which) (b)		
gave rise to immediate cause		
(o), stoting the underlying Couse last.		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFOR	
	(Enter nature of injury in Part I or Part II of item 18.)	
- 11 far	LACE OF INJURY (Home, form, 20f. (City or town) (Caunty) sclary, street, office bidg., etc.)	(State)
Hour a.m. While Not while of work of work	scory, meet, once diagr, occ.,	
21. I certify that I took charge af the remoins described ab	pove, held an Autopsy 🔲, Inspection 🔘, Inquiry 📝, and	in my
opinion death resulted from: Natural Auses Accident	, Suicide , Homicide . Undetermined monner	-
ACTUAL SIGNATURE AUCH COLLUS	M.D. CHIEF MEDICAL EXAMINER DATE SI	GNED
EXAMINER'S NAME (Type) JACK C COLLINS	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2 4-	59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O BUT 18. Tecify) 2/9/59 Woodlawn Ce		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Ullrich Funeral Home 2112 Dundalk Ave.	DATE COD 5 159 Callung & Karus	

MARYLAND GTATE BEFAREMENT OF HEALTH - BALRINDRE.

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REAL BOTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		150	CERTIFIC	CATE OF DEAT	ГН		Reg. D	ist. No.	()	1668
1.	PLACE OF DEATH	altimore	MARYLAND	2. USUAL RESIDENCE (Maryland	Where decease	ed lived. If instituti b. BUNIN			odmis:	sion)
	b. CITY OR TOWN (If a RURAL and give near Halet)	outside corporate limits, writes town) 10 rpe	c. LENGTH OF STAY IN 15	Halethorp		orate limits, write R	URAL ond	give near	rest fow	n)
	OR INSTITUTION	(If not in haspital, give str 1714 Summit		d. STREET ADDRESS 1714 Summ	it Ave	nue			ONA	SIDENCE A FARM? NO 2
3.	NAME OF DECEASED (Type or print)	Fint Joseph	Middle G.	Wernig	4. DATE OF DEATH	Febru		Doy 25		Yeor 1959
5.	Male Male	7.75 1 1	ARRIED NEVER MARRIED DIVORCED	July 23,187	0	9. AGE (In years Bost birthday) yrs.	Months Months	R 1 YEAR	Haurs	ER 24 HR5. Min.
10	during most of working ret d. Dis	(Give kind of work done 1 g life, even if retired) play man	Ob. KIND OF BUSINESS OR INC May Company	DUSTRY 11. BIRTHPLACE (See Balti		country)	12. C		· A.	COUNTRY?
13	FATHER'S NAME	seph R. Werr	nig	14. MOTHER'S MAIDEN Helen		n				
15		N U. S. ARMED FORCES? yes, give war or dates of service)		. INFORMANT Larc V.Wernig	,1714	Summit A		Hale	tho	rpe
	PART 1. DEATH	DUE TO which (b)	Severly les	contains -	conshe	uselen		ONS	ET AND	DEATH LES WAS
CERTIFICATION	PART II. OTHER 20a. ACCIDENT WAS OR CONTRIBUTING [If EITHER, NOTIFY M	UNDERLYING [] 20b.	NS CONTRIBUTING TO DEATH B		RMINAL DISEA	SE CONDITION GIV	/EN IN PA	RT 1(a) 19	PERFC	AUTOPSY DRMED?
MEDICAL C	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20		PLACE OF INJURY (Home, for factory, street, affice bldg.,		y or town)		(County)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) © BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, CREMATION	REDERZ 22b. DATE THEREOF 2-28-59	39, and that dea JosePart JETTE 22c. NAME OF CEMETERY New Cathedr	OR CREMATORY al Cemetery	ADDRESS (ADDRESS (ALL) ANDRESS (ALL) Balt	m the Causes of Street, city or temp. ATION (City, town. timore	or county	the dot	e stot	ed abave.
	FUNERAL DIRECTOR'S		ADDRESS 17 St.Paul Str		MAR 2			L That		

may be recorded by the haspital or attending physician.

Define a state of the haspital or attending physician.

Define a state of the haspital or attending physician or signed by the attending physician and campletely filled is yet the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERA VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 A MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		2004							traff. a		•
	LACE OF DEATH	Baltimore		MARY	LAND	2. USUAL RESIDENCE (Where decease	ed lived. If instit b. COUN		ence be	
Ь	CITY OR TOWN (I and give nearest town	foutside corporate fimits, wri n)	te RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If outside corp	porate limits, write	RURAL on	d give n	earest town)
0	NAME OF HOSPIT	3508 Wash		pitol, give street address Blvd.)	1 d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO
(IAME OF PECEASED Type or print)	JOHN	rst	Middle		WILLIS	4. DATE OF DEATH	Mon Feb	uary	Doy 6	Year 1259
5. S	Male	6. COLOR OF RACE	7. MARRIE	D NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday) 55 yrs.	IF UNDER Months	1YEAR Days	IF UNDER 24 HRS. Hours Min.
10a.	USUAL OCCUPATION OF WORKING	ON (Give kind af warking life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTR	11. BIRTHPLACE (Stot	e or foreign c	ountry)	12. CIT	IZEN OI	F WHAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	WAS DECEASED EV	/ER IN U. S. ARMED FC (If yes, give war or dates of		SOCIAL SECURITY NO.	17. IN	FORMANT		Addres			
NO	Conditions, if a gave rise to imme (a), stating the couse last.	diate cause underlying DUE TO)	cinoma of 1		OT RELATED TO THE TERM	AINAL DISEASI	E CONDITION G)	VEN IN PAR	T 1(o) 11	Partia
CERTIFICATION	20a. EXTERNAL CAI	MIKIRUTING []	Ob. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter noture of injury in Pa	ert I or Part I)	of item 18.)),	PERFORMED?
MEDICAL CE	20c. TIME OF INJU Hour a.m. p. m.		While		e. PLACI foctor	E OF INJURY (Home, for y, street, office bldg., etc.	c.)	or lown)	(Co	unty)	(Stote)
	21. I certify the	resulted from:	e of the r	emains described	abov ent [Homicide		, Inqui	manne	ond in my DATE SIGNED 0. 6. 1959
22.	EXAMINER'S NAME (Type)			. Fetty, M.	D.	DEPUTY MEDICAL	EXAMINER [rec	
(KEMOVAL pecity	13. 23.	59	U. of Wal.	Mey	talor	18	IGN (City, town,	one,	M	(Stote)
23.	FUNERAL DIRECTOR	2 SIGNATURE		ADDRESS			AR 2 4	-0	listrar's sic		

VS. A15ME 5M 2/57

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MATE AVE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1663

CERTIFICATE OF DEATH

01667

=	keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville	Catonsville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
16 Somerset Road	16 Somerset Road YES NO NO
3. NAME OF First Middle DECEASED (Type or print) EDWARD WITSON	Lost 4. DATE Month Day Year OF DEATH Feb. 1.1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min
Male White WIDOWED DIVORCED	Aug. 12.1890 68 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired) Retired Celephone Co	Maryland
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Benjamin Wilson	Florence Smithson
	NFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dates of service)	Mrs. Albert Lochary Catonsville.Md
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
150 X IMMEDIATE CAUSE (o)	
Conditions, if ony, which (b) (b)	
couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Calouratella Liteata YES NO I
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port t or Port II of item 18.)
	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from. 10.1	2 , 1956 to 2-1 , 1959, that I last saw the decease
	occurred at 3.15 PM, fram the causes and an the date stated above
	ADDRESS (Skeet, city or town, stote) DATE SIGNE
SIGNATURE TOTAL T. X Charles	M.D. 401 Random Road
PHYSICIAN'S NAME (TYPO) OHN F. SCHAEFER	3 Basto. 29 Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Slate)
REMOVAL (Specify) Burial 2-4-59 Cathedral	Baltimore Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F.C. Higinbothom, Ellicott City, Md	DATEFEB 4 '59 arthur S. Kraus
The state of the s	

TO HOSPITAL TO FUNERA VS A15 (4) 15M 9/SS

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	and the waster which the		
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			to medit up a sell
	A STOLE PARK		
de la companya de la	10 10 10 1		
William William			
			Maria September 1 & Description of the Company of t

CERTIFICATE OF DEATH

01668

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M	1. PLAC a. CC
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TO HOSPITATION ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be reflected by the haspital or attending physician.

TO FUNERA OIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shawld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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5 (4)	1

VS A1

1664	CERTIFICA	TIE OF DEATH		Reg. Dist. No.
D. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	deceased lived. If institut b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Inverness	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Baltim		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS 1703 Inver	ness Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Anna Winces	Middle	Lost 4.	DATE Mor	25 1959
Female White Whov	The second second	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS House Wife	TRY 11. BIRTHPLACE (Stole or for Baltim		US A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Ludwig Stylc		De	7.	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17. IP	Anthony Wine	Add	ereal St.
Conditions, if any, which gave rise to immediate cause (o), stoting the under. PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While		CE OF INJURY (Home, form, 2: tory, street, affice bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the decedrative on 3/25, 19 ACTUAL SIGNATURE SAMUEL PHYSICIAN'S NAME (Type)	- //			S, that I last saw the decease and on the date stated above state) DATE SIGN
226. BURIAL, CREMATION, REMOVAL (Specify) Rurial March 2/5	22c. NAME OF CEMETERY OF HOLY ROSE		. LOCATION (City. town, Baltimore	
	with the state of			

		CERTIFICATE	WASTE STREET
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AND STREET OF STREET			
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DEPARTMENT OF HEALTH -PAITIMORE

director, please or your files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01669

Rea Dist. No.

								Reg. L	3151. (4C	J.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYE	LAND	2. USUAL RESIDENCE o. STATE Mo	(Where deceo					
b. CITY OR TOWN and give nearest to TOWS	(If outside carparete limits, write with the second	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN		porote limits, write	RURAL or	nd give r	nearest town)	
d. NAME OF HOSP	604 Washing)	d. STREET ADDRESS		ington Av	enue		e. IS RESIDENCE ON A FARM? YES NO TO	
3. NAME OF DECEASED (Type or print)	Fire LUTH		Middle N.		Lost WINEGAR	4. DATE OF DEATH	Mont Febr	uary	Doy 8	Yeor 19 5	9
5. SEX Male	6. COLOR OR RACE	7. MARRIE		-	DATE OF BIRTH	1906	9. AGE (In years last birthday)	IF UNDE			HR5.
	White TION (Give kind of work king life, even if refired) NOIKER	done 10b. K	Lagard No.	NDUST	RY 11. BIRTHPLACE (Sta	ate or foreign (52 yrs.		TIZEN O	F WHAT COUN	ITRY1
13. FATHER'S NAME James	P. Winegar				14. MOTHER'S MAIDEN	NAME Gross	1				
15. WAS DECEASED E	EVER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO. 09-46-0390		Femily recor	rds	Address				
Conditions, if gove rise to imm (a), stating the cause tast.	rediate couse	c R	sive Subara uptured Ber	ту	Aneurysm.					9. WAS AUTOR PERFORMED YES 20 NO	?
PART II, O	AUSE WAS ONTRIBUTING 20	b. DESCRIBI	HOW INJURY OCCUR	RED. (E	nter nature of injury in P	orl I or Part II	of item 18.)			113 24 110	
20c. TIME OF INJ	١.	While		e. PLAC	CE OF INJURY (Home, fory, street, office bldg., e	erm. 20f. (City	y or town)	(Co	ounty)	(Sto	ie)
	that I took charge by resulted from: 1	Notural o			-	Homicide EXAMINER ICAL EXAMINE	R 🔀		ry monne	DATE SIGNED	
220. BURIAL, CREMAT REMOVAL (Specif Removal/Bw	rial Feb.12,	F	ne. NAME OF CEMETER Winegar Fai				TION (City. lown.		ness	(Stote)	
John Burn	or's signature s' Sons, Tov	ison,	ADDRESS Md.			C'D BY REGIST		STRAR'S SI			

TO DEPUTY **EDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is nece execute the trificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the function 4 should it forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1666

CERTIFICATE OF DEATH

155

1. PLACE OF DEATH Baltimore

MARYLAND

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest fown)
Randallstown

c. LENGTH OF STAY IN 16

Baltimore

Reg. Dist. No.

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Chapel Hill Convelescent Home

d. STREET ADDRESS

Liberty Heights Avenue

e. IS RESIDENCE ON A FARM? YES NO

NAME OF (Type or print)

a. COUNTY

MOLLY

First

Middle W.

WOOD 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH

OF DEATH

4. DATE

Feb.

Yeor 2] IF UNDER 1 YEAR IF UNDER 24 HRS.

5. SEX Female

White

DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

9. AGE (In years last, birthdoy)

Davs Min 12. CITIZEN OF WHAT COUNTRY?

Retired School Teacher 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Georgia Cox

Marvland

Charles Wesley Wood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

Conditions, if ony, which

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY:

17. INFORMANT

Address Mr. Orlando K. Price. Jr.-2005 E. 32nd Street

None

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] SARCOMA WITH GENERALIZED METASTISES

DUE TO

IMMEDIATE CAUSE (o)

(6)

DUE TO

1 year

gove rise to immediate cause (o), stoting the underlying cause lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PARKINSON'S DISEASE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

PERFORMED? YES NO DE

(State)

DATE SIGNED

MEDICAL

200. ACCIDENT WAS UNDERLYING OR CHAPTEUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. XXXXXX

20d. INJURY OCCURRED While 光光 Not 本所e of work at wark 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) foctory, street, office bldg., etc.) *** ** * * * *

(County) ****

21. I certify that I attended the deceased from 25 June

and that death occurred at 7:50P2 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state) 5101 Gwynn Oak Avenue

Baltimore.

ACTUAL

Buria

NAME (Type) Millard T. Traband

22c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemeterv

22d. LOCATION (City, town, or county) Baltimore. Maryland

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS

24o. REC'D BY REGISTRAR DATEFER 2 4 '59

24b. REGISTRAR'S SIGNATURE

to 21 February 19 59 that I last saw the deceased

VS A15 (4) 15M 10/57

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						Reg. Dist. N	0,
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W	here deceased live	ed. If institution	: Residence be	fare admission)
	imore	MARYLAND	Maryla	nd	B. COUNTY		
b. CITY OR TOWN RURAL and give r	(If autside carporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate	limits, write RUI	RAL and give n	earest tawn)
Fort H		149 Days	Baltim	ore	3	VO1-	· life
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, give street	address)	d. STREET ADDRESS				e. IS RESIDENC
Veterans	Administration	Hospital	1109 Sarge	nt St			YES NO
3. NAME OF DECEASED (Type or print)	ROBERT	Middle F	lost WUNDER	4. DATE OF DEATH	Month Februar		Day Year 19 59
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. /			R IF UNDER 24 H
Male	White WIDOW		June 3, 1902		56 yrs.	Manths Days	Haurs Mir
Oa. USUAL OCCUPATI	ION (Give kind af wark dane 10b rking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign count	7)	12. CITIZEN	OF WHAT COUN
Laborer		crap Iron Co	Balto. Md			U.S.	. A
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
Frank J	. Wunder		Matilda	Brehm			
5. WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	-	Addres	ss	
Yes	WW II	Unknown	lin. Rec.Vet.	Adm. Ho	spital.	Fort H	loward. N
Canditians, if a gave rise ta cause (a), stating lying cause last. PART II. OT	DUE TO any, which immediate g the under- THER SIGNIFICANT CONDITIONS		T NOT RELATED TO THE TERM	INAL DISEASE CC	ONDITION GIVEN		19. WAS AUTOP PERFORMED? YES NO
	G CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part II a	f item 18.)		
20c. TIME OF INJU Hour a. m. p. m.	10 While	Not while fo	LACE OF INJURY (Hame, farm actary, street, affice bldg., etc.	n, 20f. (City or I	awn)	(Caunt)	(Sto
		man	M.D.	AM, from the ADDRESS (Street,	e causes an	d on the d	
NAME (Type)		M.D.Chief, Med:		Howard,			2/5/5
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL)	2/9/59	Louden Park	Cemetery	Baltin	(City, tawn, ar		(State)
Cowan Fun	over an alon	ns & Poppleton	St. Balt PANT			RAR'S SIGNATI	4

may be retailed by the haspital or attending physician.

TO FUNERAL DERECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hayrs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

TO HOSPITAL PA

VS A15 (4) 1SM 10/57

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TO HOSPITAL

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1669 CERTIFICATE OF DEATH

Reg. Dist. No.

1)	1	€)	1	16	>
1	2	L	U)	6	4	

1	PLACE OF DEATH C. COUNTY MARYLAND MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
\	par crwole	Md. Baltimore
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L	Rural Pikesville	X Pikesville Mt. Wilson
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	OK INSTITUTION	Mt. Wilson Md.
3	. NAME OF First Middle	Lasi 4. DATE Manth Day Year
L	DECEASED	germann Of February 6, 19 59
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	Male White WIDOWED DIVORCED	Oct. 10.1897 BP 61yrs. Manths Days Haurs Min.
-	Da. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INC	
L	during most of working life, even if retired)	
1	Store Mt.Wilson Ho	OSP. Maryland U.S.A.
ľ		
L	Bernhardt G. Zeigermann	Bertha Siemon
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes. no. or unknown) [17] (If yes, give wor or dotes of service)	. INFORMANT Arling toddress 5, Va. B
	No None	Ar. Ernest W. Zeigermann, 6114 North Wash
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: R ROLL	C REGIT de GO GO ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Charles also ask 10 chs.
	416 X DUE TO	
	Canditians, if any, which gove rise to immediate	
	cause (a), stating the under-	
	lying cause last. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TAT		PERFORMED? YES NO
1212020		RED. (Enter nature of injury in Part 1 or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
0	Haur a.m. 19 While Nat while all work of wark	factory, street, office bldg., etc.)
2	714	
	21. I certify that I attended the deceased from	1955 to gan 16, 1959, that I last saw the deceased
	alive on car 16, 1957, and that dea	th occurred at 2.36 AM, from the causes and an the date stated above
		ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE DESCRIBED BICING	
	SIGNATURE	M.U
	PHYSICIAN'S JOSEPH DR KI	N.C.
2		
1	REMOVAL (Specify)	(5.5.6)
_	Burial Feb. 9, 1959 Druid Rids	re Cemetery Pikesyille 8, Md.
23	FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Frank A Manall & Pand	S Man DATE FEB 1 0 '59 Orthur 8 H

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ofter death. Page 4

Pages 1 and 2 should be filed with

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has may be retailed by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after degree.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha<u>ve</u>

TO HOSPITAL may be ret TO FUNERAL VS A15 (4) 15M 9/55

-									reg.	D151. 140	,.	
	PLACE OF DEATH o. COUNTY Ba	altimore		MARYL	AND	2. USUAL RESIDENCE (Whe		d lived. If institu b. COUNT		ence bef	ore admis	sion)
		outside corporate limi	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	RURAL ond give ne	nsville		lyrlmth2hd	lvs	Baltimore		3V	01-1	1		
		AL (If not in hospital, g	ive street			d. STREET ADDRESS		114 175		-	e. IS RES	SIDENCE
0		OVE STATE	HOS	PITAL		2716 Clease	en Ave	enue				NO NO
	NAME OF DECEASED (Type or print)	Fir	ouis	Middle		Zimmerman	4. DATE OF DEATH		onth bruar		^{oy} 25	Year 19 59
5.	SEX	-	20 0000	RIED TO NEVER MARRIE		8. DATE OF BIRTH		9. AGE (In year		V-		ER 24 HRS.
	male	white	WIDOW			Jan. 15, 188	86	13 yr	Manths		Haurs	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	ione 10b.		NDU	STRY 11. BIRTHPLACE (Stole of				ITIZEN	OF WHAT	T COUNTRY
	tailor	ing life, even if retired		tailoring		Russia				U. S	S. A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN NA	AME					
		orris Zimme					nnie					
		R IN U. S. ARMED FOR If yes, give war or dates of to		SOCIAL SECURITY NO.	17. 1	NFORMANT		Ad	ldress			
ur	nknown		2	13-12-6638	Re	cords: SPRING	G GRO	OVE STA	TE F	IOSP:	ITAL	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which one diote the under: The under:	Ger	ne for (a), (b), and (c).] neralized pa angrenous a						lo N	TERVAL BE	DEATH
MOLL		ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	-	NOT RELATED TO THE TERMIN	IAL DISEASI	E CONDITION G	IVEN IN PA	ART 1(0)	PERFC	DRMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				D. (Enter nature of injury in Po	ort 1 or Port	I II of item 18.)			YES LX	NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day. Yes	While	NJURY OCCURRED Not while k ot work	20e. Pl. fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City	or town)		(Caunty)	(Stote)
	21. I certify that I attended the deceased fram Dec. 31 , 19 56, to Feb. 25 , 19 59, that I last saw the deceased alive on Feb. 25 , 19 59 , and that death accurred at 12:032M, fram the causes and an the date stated above ADDRESS (Street, city or tawn, state) ACTUAL SIGNATURE SHELLA WACLISHER M.D. SPRING GROVE STATE HOSPITAL 2-25-59											
	PHYSICIAN'S NAME (Type)	Stella Wa	chsl	er, M. D.		Catons vi 1	lle 28	Mary l	and			
200	REMOVAL (Specify)	22b. DATE THEREO	59	22c. NAME OF CEME			22d. LOCAT	TION (CAS town	eto)	Me	il
23/	PUNERAL DIRECTOR'S	S SIGNATURE	21	oc Euto	ru	PR 240. REC'D DATE FEE			rithur S			
=									1 404	. ,		

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TO DEPUTY N. CAL EXAMINER: This certificate should be executed within 24 hours piter death. If ony delay we essary, please	ode	10	Jth,	ST
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UTY	10	pin	VERA	or its designated agent, priar to borial, crematian, or removal, and in any event within 72 hours ofter death.
DEP	xecu	sho	FU	or its
0	0	4	20	0
4 4 4				

PT.		altimoretan Shore No.	7,Bowley		Baltimore	Md. 1	3 b. COUNT	(:	South	
	b. CITY OR TOWN (and give nearest tow	If outside corporate limits, write)	te RURAL C.	LENGTH OF STAY IN	Bowleys Qu					vn) 21
50	d. NAME OF HOSPI	TAL OR INSTITUTION	(It not in hospital	l, give street address)	d. STREET ADDRESS				e. IS RI	SIDENCE A FARM? NO
3	NAME OF DECEASED (Type or print)	Fii H ar :	ry	Middle	lost Z ink	4. DATE OF DEATH	Feb.7		Doy Y	ear 9
5	. SEX Male	6. COLOR OR RACE White	7. MARRIED #	DIVORCED D	8. DATE OF BIRTH Dec.19,1892		9. AGE (In years lest birthday) 66 yrs.	Months Day		Min.
1	Oo. USUAL OCCUPAT during most of work	ON (Give kind of work no life, even if retired) Retired	done 10b. KIND	OF BUSINESS OR INC	Balto. Md.	e or foreign co	ountry)	12. CITIZEN	N OF WHAT	COUNTRY?
	3. FATHER'S NAME	John P.	Zink		14. MOTHER'S MAIDEN 本學院在主意中:		ett			
	5 WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16. SOC	IAL SECURITY NO. 1	7. INFORMANT	A.	Address			13
	Yes, no, er unknown) Yes 18. CAUSE OF DEA	(If yes, give war or dotes of WWI			Mrs. Margaret	Zink 3	335 Lawr			
-	Yes, no, er unknown) Yes 18. CAUSE OF DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which diole couse	use of line for (Mrs. Margaret	Zink 3	3335 Lawn		ve.Bal	
	18. CAUSE OF DE. PART I, DE/ Conditions, if gove rise to immu (o), stoting the couse tost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which ediote couse underlying DUE TO (c HER SIGNIFICANT CON	use of line for ((o), (b), and (c).]	Cocolus of the term	/ M	E CONDITION GI		INTERVAL BETWING OBSET AND DE-	EN TH
	18. CAUSE OF DEA PART I, DEA Conditions, if gove rise to imme (o), stoting the couse tost. PART II, O1 PART II, O1 CAUSE OF DEATH	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO DONY, which dioto couse underlying HER SIGNIFICANT CON AUSE WAS DISTRIBUTING []	use of line for ((o), (b), and (c).]	Ocefus	/ M	E CONDITION GI		oper and de-	AUTOPSY RMED?
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0	Ton, or sunhnown) YES 18. CAUSE OF DEA PART I, DEA Conditions, if gove rise to imme (o), stoting the couse tost, PART II. OT 20c. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify opinion death	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which ediate couse underlying DUE TO (c HER SIGNIFICANT CON DUSE WAS ONTRIBUTING 2 JRY Month, Doy, Ye	ADITIONS CONTE	(o), (b), and (c).] RIBUTING TO DEATH BI DW INJURY OCCURRED URY OCCURRED of work 20e.	UT NOT RELATED TO THE TERM D. (Enter noture of injury in Portion of Injury (Home, for foctory, street, office bldg., et above, held an Autop	AINAL DISEASE out I or Part II m, 20f. (City c.)	of item 18.) or fown)	VEN IN PART I(o) 19. WAS. PERFO YES Inner	AUTOPSY RMED? NO [] (Stote)
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24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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